

In this issue: Making Children's Dentistry Pay



# Oral Hygiene



# PERFECTION

## A *Dependable* CASTING MACHINE

You can depend upon the Perfection Casting Machine for full cooperation in any casting procedure. With Akers flasks and counterweight, dentures and other large castings may be made. The Perfection Casting Machine is simple as ABC to operate, dependable for results.

*Very reasonably priced*



THE *Cleveland* DENTAL  
MANUFACTURING COMPANY

Each  
gets  
new

Soft,  
Facing  
Moist  
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Each patient  
gets a  
new towel

Soft, Absorbent  
Facing...

Moisture-repellent  
Backing



## OVER TEN MILLION SOLD

• Thousands of dentists now use Red Cross Professional Towels in everyday practice. They are used once, thrown away. Towel laundry bills are eliminated. Size 19" x 14", folded to 5" x 7" for easy handling and storage. In packages of 100 and 500.

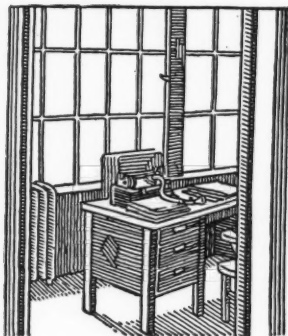
ORDER FROM YOUR DEALER



# RED CROSS TOWELS

DENTAL DIVISION

+ **Johnson & Johnson** +  
NEW BRUNSWICK, N. J. CHICAGO, ILL.



## *The Publisher's* **CORNER**

No. 251

*By Mass*

### **A PROJECT TO BE PROUD OF**

STATISTICAL NOTE of great unimportance: with this issue, the CORNER starts its second run of two hundred and fifty months, an appalling thought to one who, born tired, doesn't improve any with the passing of the years.

But, this time, there is no necessity to mope for hours about a topic; this time, it's ready-made out of the enthusiasm I feel for a project which is under way this month, a project of which the entire dental field may well be proud.

Dentistry's importance to the war effort is no news: a growing number of dentists are serving with the

armed forces; dentists are aiding draft boards; others are contributing their talents in rehabilitating men who would otherwise be unfit for service. The industry which provides the profession with its material needs has turned itself upside down to furnish equipment and supplies for the Army and the Navy, and many of the manufacturers, because of long years of precision production, have been able to convert their facilities so as to turn out a wide variety of the special items required by modern warfare.

Now, a new and specific contribution to the war effort has been initiated; that is the project I am writing about. A representative group of dental gold manufacturers have undertaken to provide dental ambulances for the armed forces in the field of battle—dental aid for fighting men remote from the clinics and other facilities administered by the Army Dental Corps. The Army Corps is, of course, equipped mainly at fixed bases, although provision has been made for serving men in the field; this type of service was pictured by ORAL HYGIENE's companion paper, *The Dental Digest*, a couple of months ago. These new ambulances, as I understand it, will supplement the Army Dental Corps' present equipment—at no cost to the Government.

The ambulances, as many as possible, will be the outright gift of the gold manufacturers, who will contribute two per cent of this month's sales to the fund for purchasing and fully equipping the mobile units. Two per cent of sales is very much

(Continued on page 586)



## A SHEPHERD'S CARE

The shepherd leads his sheep to distant mountain pastures rich in the nourishment so vital to their health and development. Instinctively, they look to him for guidance. He is their guardian—constantly on watch, always ready to protect them from their natural enemies . . . . . Dentists, too, are guardians, leading their patients to better health and well-being—always ready to protect them from the invisible enemy—disease. In protecting your patients against any impairment of health that may be due to vitamin deficiencies, we earnestly recommend your prescription of Vi-Penta Perles and Vi-Penta Drops 'Roche'. These two vitamin preparations are of outstanding quality and, further—they are not advertised to the laity. HOFFMANN-LA ROCHE, INC., NUTLEY, N. J.

IN TWO FORMS—DROPS AND PERLES

*Vi-Penta* 'ROCHE'

# The HOME GUARD



YOU are naturally desirous of having your patients supplement your professional care with proper home care. And patients, too, want to protect their teeth and retain the attractiveness of their smile.

Why not suggest Squibb Dental Cream and the Squibb Angle Toothbrush? Because of its unique design, the Squibb Angle Toothbrush does a grand job of getting at hard-to-reach surfaces of the teeth . . . while Squibb Dental Cream brings a cool, clean, refreshed feeling that's really enjoyable. Together they make an excellent "home guard" for your patients' teeth. Why not draft them for this service?

Here are several Squibb Dental Products that are recognized for high, dependable quality. Give them a place in your practice.

**Squibb Dental Cream**—A safe, effective dentifrice made from Squibb Milk of Magnesia—a fine antacid. Free from any ingredient which might be harmful to the teeth or gums.

**Squibb Tooth Powder**—Provides the same scientific advantages as Squibb Dental Cream. Safe and pleasant to use. Contains magnesium hydrate—an antacid.

**Squibb Angle Toothbrush**—Has a small brush head, mounted on a slim metal shank bent at an angle like your mouth mirror.

Designed to make it easier to reach less-accessible areas of the teeth. Has high quality, long-lasting Synton (synthetic) bristles.

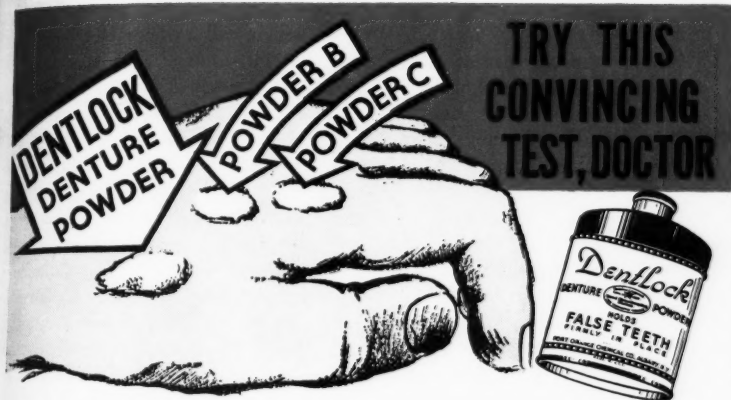
**Squibb Oral Perborate**—A free-flowing, pleasantly flavored preparation of sodium perborate. May be used on a toothbrush or in solution as a mouth wash when indicated.

**Squibb Antiseptic Solution**—An effective and useful agent in oral hygiene. May be used as a gargle or spray in helping to relieve mouth and throat irritations.

*For literature on Squibb Products for the Dentist  
write Dental Division, 745 Fifth Avenue, New York*

## E. R. SQUIBB & SONS, NEW YORK

Manufacturing Chemists to the Medical and Dental Professions since 1858



Moisten the back of your hand. Sprinkle on a bit of DENTLOCK Denture Powder . . . and two or three other powders. After a few moments, wipe them away. Go about your normal activities, washing your hands as usual. SEE HOW MUCH LONGER DENTLOCK CLINGS.

There's visual proof of DENTLOCK'S superior adhesive quality. Evidence that DENTLOCK will serve your patients longer, more effectively, giving hours of satisfaction with each application. DENTLOCK'S superior adhesive and cushioning qualities are splendid allies to your technique during the difficult "break-in" period. Recommend DENTLOCK for comfort, confidence and SAVINGS.



. . . and DENTGLO for sparkling cleanliness

Guard your patients against strenuous cleansing methods that destroy denture fit and clasp alignment. Recommend DENTGLO Brushless Cleanser to keep plates and removable bridges clean and to preserve the product of your labor as a "sparkling" tribute to your skill.

## FREE SAMPLES . . .

○4

**FORT ORANGE CHEMICAL COMPANY**  
Albany, New York

Send samples of DENTLOCK Denture Powder and  
DENTGLO Brushless Cleanser for my patients.

Dr. ....  
Address.....State.....  
City.....  
My Druggist is:.....  
Address.....

**MAIL THIS COUPON**

(Continued from page 582)

more than two per cent of profits in any business, and particularly in the gold business which is of necessity conducted upon a narrower margin than is true of most industries. So the contribution is substantial from the standpoint of the men who are laying it on the line.

Their contribution goes beyond the direct allocation of the two per cent of sales, for they have given the project the greatest possible impetus not only by their advertising in this month's dental magazines, but by one of the largest if not the largest campaign ever put behind an undertaking in this field. The magazine advertising of the ambulance project is only part of it. The power of print is being employed in every possible form, and the personal work of dental supply men and laboratory men has also been enlisted, so that every dentist may be fully informed, and given an opportunity to participate.

Our own field's initiative may well extend beyond its relatively narrow confines. As Stuart Sande, spokesman for the group, puts it: "Dental gold manufacturers are setting an example of democratic organization of war effort which may soon be followed by other groups in industry. From the point of view of patriotism, and of efficiency—which today is a requirement of patriotism—we feel justi-

fied in calling upon the dental profession to lend their assistance to this great project so that we, the gold manufacturers, can swell the ambulance fund."

I believe that all of us should put a shoulder to this big wheel, first, to make the dental field's contribution as large as possible; second, with the objective of popularizing the idea in other fields: the furnishing of needed equipment by other groups. Members of the dental profession have, I should think, an excellent opportunity to discuss the plan with influential people among their patients. Thoughtful men are bound to be impressed by the fact that this project is being carried on by a relatively tiny segment of the nation as a whole; they will be given new respect for dentistry; some of them should be inspired to go and do likewise.

\* \* \*

The intention was to refer this month to some pleasant letters, but the end of the page looms up, so there can be no quoting and unquoting this time. There is just room to say "thanks" for an encouraging note from Doctor Paul R. Stillman, down in Longwood, Florida, who, before now, has admitted to being a CORNER-customer for many of this department's more than twenty years, a member of the faithful little band who pause monthly in this isolated nook.





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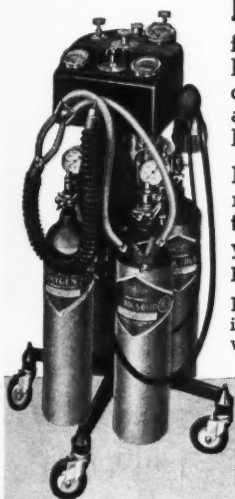
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# **PORTRAIT OF A LADY** entering the office of a **DENTIST**

*Who does  
not Hurt*



**P**atients who enter their dentists' offices without fear of pain generally come more frequently. Such patients are the practice builders and boosters of many a successful dentist who has realized that only by eliminating pain and the fear of it does he get and hold patients.

Because they do not hurt, dentists who use nitrous-oxid analgesia find it easier to keep their appointment books filled. It will pay you, too, to investigate this practice-building possibility.

Heidbrink-Ohio equipment soon pays for itself in increased practice by making you known as "a dentist who does not hurt." Use the coupon below.

## **The Ohio Chemical & Mfg. Co.**

**PIONEERS AND SPECIALISTS IN ANESTHETICS**  
**1177 MARQUETTE STREET • CLEVELAND, OHIO**  
*Branches in all principal cities*

☐ Send my copy of  
 "A Simple Story that  
 is Making Dental  
 History."

☐ Have a represent-  
 ative call.

The Ohio Chemical & Mfg. Co., Cleveland, Ohio

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State \_\_\_\_\_

OH 5-42

INSTRUCTIONS  
FOR  
HOME CARE  
AFTER EXTRACTION

FREE supply  
of folders, de-  
scribed below,  
will be sent on  
request.

At the request of a number of leading members of the profession we have prepared the folder above for distribution to patients. In accordance with the best opinion available, it touches on these phases of home care after extraction: Mouth Rinses, Bleeding, Prevention of Swelling, Diet, Elimination, Relief of Pain. Long used effectively as a quick-acting anodyne in cases of Pericementitis, Gum Inflammation, Root Canal Therapy, and Erupting Third Molar, the use of Poloris Dental Poultrice for relief of Pain After Extraction has become one of its most valued applications.

for quick relief of  
Pain after



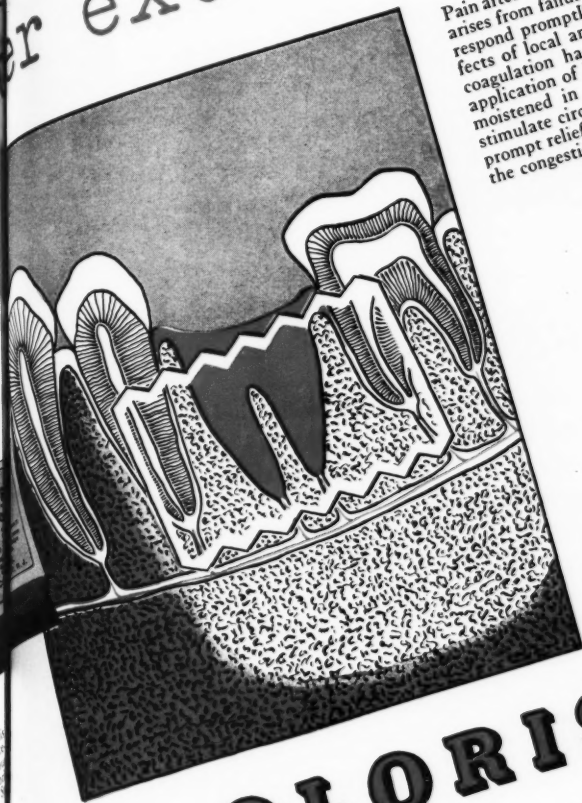
For FREE SUPPLY of this  
ethically advertised product  
building product send your  
card or letterhead to Poloris  
Company, Inc., 15 High Street,  
Jersey City, N. J.

Prescription

DE

qually allaying  
for extraction

Pain after extraction frequently arises from failure of patient to respond promptly from the effects of local anesthesia. After coagulation has occurred, the application of Poloris Poultrice, moistened in cold water, will stimulate circulation and bring prompt relief of pain caused by the congestion.



Prescribe **POLORIS**

DENTAL POULTICES FOR PROMPT PAIN RELIEF



**Q.** We're fond of canned fish at our house. But will it give us good proteins?

**A.** Yes. Canned fish products may well be included regularly in your menus, not only because they supply good protein, but also because they supply valuable minerals and vitamins as well. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

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(1) 1926. U. S. Dept. of Commerce, Bureau of Fisheries, Document No. 1000.

1934. U. S. Pub. Health Reports 49, 754.

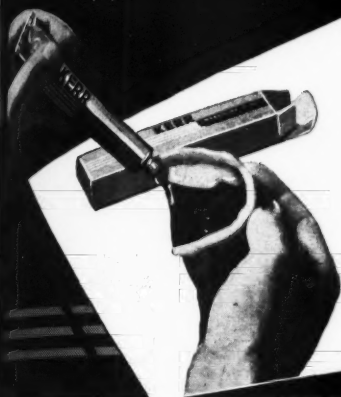
1937. U. S. Dept. Agr. Misc. Publ. No. 275.

1938. Food Research 3, 549.

1939. U. S. Dept. of Commerce, Bureau of Fisheries Investigational Report No. 41.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



Each tube contains enough Kerr Impression Plastic for at least six to ten impressions. The six-tube package creates a price saving highly worth while. Ask your dealer.

## *Again!* ... KERR SIMPLIFIES IMPRESSION TECHNIC

From the field of research, fascinating in potentialities, comes another new product, developed by Kerr to make your dental restorations easier and better.

This new product is Kerr Impression Plastic, a corrective wash for full or partial denture impressions, embodying qualities never before available to you.

For Kerr Impression Plastic softens at only 140 degrees, remains soft indefinitely at mouth

temperature, but hardens to extreme rigidity when chilled.

So henceforward take all the time you need for that skilled, painstaking corrective wash which means a precision fit. Then merely chill with cold water. The Kerr Impression Plastic will set almost instantly, enabling easy removal without distortion.

Just try this versatile new plastic!

*For best results make your preliminary impression with Kerr Impression Compound always.*

KERR DENTAL MFG. CO., DETROIT  
Established 1891

**KERR**  
REG. U.S. PAT. OFF.

**IMPRESSION  
PLASTIC**

# HOW COME?

... this Certified Enamel bottle  
contains MORE THAN TWICE  
as much liquid  
as others



## **GREATER EQUILIBRIUM...**

is the reason. Because of its balanced formula, the liquid for Certified Enamel Improved is so stable that moisture loss—or gain—does not cause appreciable variations in its setting time.

This is why Certified Enamel gives you more than twice as much liquid than any other silicate maker may safely include in one bottle. That is why Certified Enamel

liquid is 100 per cent usable from the top to the bottom of the bottle . . . in January or July . . . without risking the danger of disturbing the proper setting and ultimately the quality of the restoration.

Remember Certified Enamel's **Greater Equilibrium**—and **greater economy**—when you next make a silicate purchase.

LEE S. SMITH & SON MFG. CO., PITTSBURGH, PENNA.

**CERTIFIED ENAMEL**



*Improved.*



# "PARTIAL DENTURES"



CO-RE-GA, on account of its long resistance to oral fluids, is of material aid in dividing the load evenly over the basal seat, and, at the same time, assisting adaptation.

In many cases CO-RE-GA also prevents mandibular removable bridges from rocking or wobbling.



**WILSON'S**  
**CO-RE-GA**  
(POWDERED)

THE PERFECT ADHESIVE FOR DENTURES

DOCTOR!

*This Coupon  
is for your  
Exclusive Use*

CO-RE-GA is not advertised to the public

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr. \_\_\_\_\_

\_\_\_\_\_

COREGA CHEMICAL COMPANY  
208 ST. CLAIR AVE., N. W. CLEVELAND, OHIO



SOUND REASONS

### ... DICTATE THE SOUND CHOICE

That is why a steadily increasing number of physicians choose 'S.T. 37' Antiseptic Solution as an aid to natural defenses in the prophylaxis and treatment of minor infections of the upper respiratory tract. The reasons that make this choice a sound one are as follows:



- 1. Highly bactericidal.**
- 2. A non-irritant, non-toxic and exerts a soothing local analgesic effect on inflamed mucous membranes.**
- 3. Penetrating even into minute tissue spaces because of its low surface tension.**
- 4. Oil-free . . . hence can be used by patients of all ages without fear of producing lipid pneumonia.**
- 5. Stable, odorless, colorless.**

This potent bactericidal solution may be applied topically to the mucosa of the nose and throat by spray, irrigation or pledget, with the assurance that a maximum antiseptic effect will be exerted without damage to the delicate respiratory epithelium.

*Supplied in bottles of five and twelve fluidounces.*

## Sharp & Dohme's 'S.T. 37' ANTISEPTIC SOLUTION

*Did you receive your copy of*



## "VITAMINS IN DENTISTRY"

- This booklet reviews the problem of nutrition as it concerns the dental practitioner.

The role played by the vitamins is discussed from the prophylactic and the therapeutic standpoint.

MAIL  
COUPON  
TODAY

Winthrop Chemical Company, Inc.  
170 Varick Street, New York, N. Y.

I did not receive "Vitamins in Dentistry." Please send me a copy.

D.D.S.

(Please Print)

Street.....

State.....

City.....



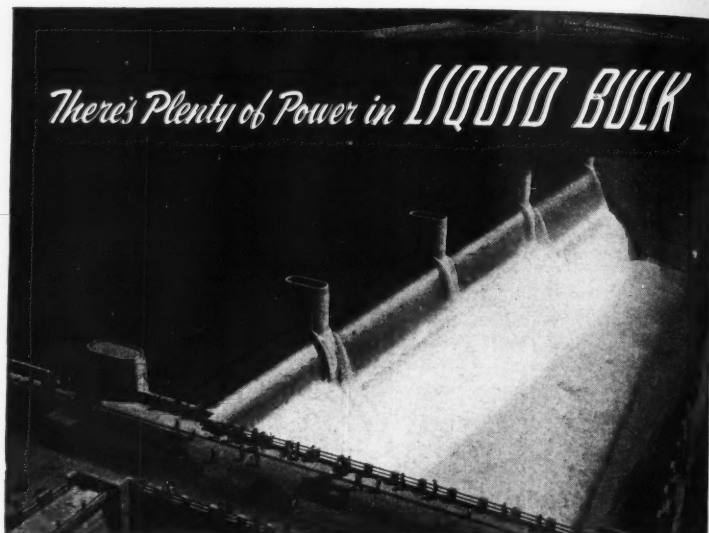
Makers of

Fine Prescription Vitamins

*Winthrop*

**CHEMICAL COMPANY, INC.**

NEW YORK, N. Y. • WINDSOR, ONT.



*There's Plenty of Power in* **LIQUID BULK**

*... for moving industrial wheels*  
**or INTESTINAL WASTE**

Sal Hepatica plus water, taken as suggested, creates temporarily unabsorbable liquid bulk in the costive bowel... for gentle stimulation of peristalsis, smooth flushing and lubrication, and improvement of water balance. It's a modern and pleasant method used by many dentists for prompt and thorough removal of alimentary waste.



**DENTISTS FIND SAL HEPATICA HELPFUL  
DURING TREATMENT OF:**

PERIODONTOCLASIA  
CHRONIC ABSCESSES  
PULP INFECTIONS

VINCENT'S ANGINA  
RETAINED ROOT FRAGMENTS  
FETOR EX ORE

*Literature upon request*

**SAL HEPATICA** *supplies Liquid Bulk  
to Flush the Intestinal Tract*

**BRISTOL-MYERS CO. • 17 L West 50th St., New York, N.Y.**

# DENTISTRY TO VICTORY!

**DURING  
THE MONTH  
OF  
MAY...**



# DENTISTRY





# NO VICTORY!

## IMPORTANT NOTICE:

A representative group of gold manufacturers have volunteered to contribute a portion of their total sales during the month of May, for the purchase of fully equipped mobile Dental Units. These dental field ambulances will then be sent to active duty with our own armed forces. *This month in particular, therefore, make your restorations of gold in every instance where a gold case can benefit the patient!*

Dental gold itself will do *its* full part to help win the war . . . to aid the military and civilian oral health of our nation. The use of gold and the platinum metals in dentistry incurs no drain on the metal reserves which are required for vital war production. The use of gold alloys, rather than other metals in dentistry also conserves the time of technicians at a period when we must be prepared to carry on with a far less number of these men for the duration of the war.

We know that dentistry is anxious to take the offensive in this great national war effort. Every pennyweight of gold used by more than sixty-eight thousand practising dentists and by many thousands of dental laboratories during this all-out drive, will help to buy and equip dental ambulances for the men who are fighting for us. *Enlist in the drive—make your own quota of gold cases during the month of May—pass the word along!*

**AND THE PLATINUM METALS  
IN DENTISTRY**

40 EAST 51ST STREET • NEW YORK CITY



# Dentistry



**The health of our armed forces is the greatest single factor requiring immediate, constant and unremitting attention. American Dentistry is cast for an all-important role in maintaining and improving the physical fitness and stamina of our fighting men.**

# Try To Victory

**W**HEN we carry the war into the enemy's country, it will be superiority in equipment together with the physical fitness of our men that will count most. It will be a test of American Dentistry too, for dental restorations will have to stand up and "take it" under field conditions.

## Orthoclash Wires

Orthoclash Wires Regular and No. 2 are made of 100 per cent precious metal. Regular fuses at 2379°F, tensile strength 145,000 lbs.; proportional limit 124,000 lbs.

No. 2 fuses at 2732°F; tensile strength 183,000 lbs.; proportional limit 151,000 lbs.

No single acid, used in dentistry, affects them.

They do not oxidize, even at extreme temperatures.

You can cast against them direct when making pin ledge and inlay abutments. Hundreds of laboratories use them universally. From the smallest to the heaviest gauges, they are the favored wires among orthodontists.

They are the only clasp wires containing no copper, nickel or other metal essential to war production.

Clasps, made of them, have proved unbreakable by use in the mouth and when you use them on your patient, about to join the Colors, you may feel that you have helped to arm a soldier.

Orthoclash was developed and has been patented by us.



**BAKER & CO., INC.**  
113 Astor St., Newark, N. J.

38 Church St.  
New York

55 E. Washington St.  
Chicago

760 Market St.  
San Francisco

# DENTISTRY

Has Always  
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 for the Human  
 th. . . . .

YOUR Gold Purchases during  
 the Month of May will further  
 Prove Dentistry's Belief that  
 Nothing is too Good for the Boys  
 at the Front. Each Dwt. of Gold  
 which You Buy during May will  
 Swell the Gold Manufacturers'  
 Dental Ambulance Fund and Put  
 Dentistry at the Front. Buy or  
 Specify Gold and Do Your Bit for  
 "Dentistry To Victory!" . . . .



# JELENKO

**J. F. JELENKO**  
 Manufacturers of Dental  
 136 West 52nd Street

& CO  
 Golds  
 New

# Y TO VICTORY

THESE FAMOUS JELENKO GOLDS AFFORD  
A CAST GOLD FOR EVERY DENTAL NEED

Simple  
Inlays

JELENKO  
*Special* **CAST GOLD**  
**INLAY**

TYPE A  
Gold Color per dwt. \$2.00

M.O.D.  
Inlays

\* **MODULAY**  
REG. U. S. PAT. OFF.

TYPE B  
Gold Color per dwt. \$1.92

Carmichaels and  
All Abutments

\* *Durocast*  
REG. U. S. PAT. OFF.

TYPE C  
Gold Color per dwt. \$2.11

**CARMILAY**  
REG. U. S. PAT. OFF.

Gold Color per dwt. \$1.66

1-Piece and Unit  
Castings, Clasps,  
Bars, Saddles, etc.

JELENKO NO. 7  
**CAST GOLD**  
REG. U. S. PAT. OFF.

Gold Color per dwt. \$2.00

*Sturdicast*  
REG. U. S. PAT. OFF.

Gold Color per dwt. \$1.70

\* Certified to Meet A.D.A. Specification No. 5.

AT YOUR DEALER

# GOLDS...

& COMPANY, INC.

Golds and Specialties

New York, U. S. A.



# Dentistry to

## USE MORE

# Gold

*help conserve strategic metals*

Gold is dentistry's best known, most versatile metal. No other metal or material used in dentistry serves so many of dentistry's needs.

Nor has there ever been a more pertinent time for widespread use of gold in dentistry.

The employment of the gold and platinum metals in dentistry incurs no drain upon metals and materials needed urgently for defense.

Partial dentures, inlays, crown and bridge-work cast in the gold and platinum metals conserve time and equipment, thus speeding production.

Every grain of the gold and platinum alloys you use to conserve a strategic metal or material helps speed ultimate victory.

There is an S. S. White precious metal alloy for every dental purpose and purse.

*Prices subject to change without notice*

**For Sale by Your Local Dealer**



### AN IMPORTANT MESSAGE TO EVERY DENTIST

During the entire month of May The S. S. White Dental Mfg. Co. and other manufacturers cooperating with "Gold and Platinum Metals in Dentistry" will contribute a definite portion of their sales of precious metals toward the purchase of a fully equipped mobile dental clinic which will be presented to our Government.

*Help swell the fund - MAKE YOUR*



# VICTORY

## U.S. WHITE *Economy* CASTING GOLDS FOR INLAYS AND PARTIALS



**No. 2\***

SOFT-TYPE A

\$2.10 per dwt.



**No. 5\***

MEDIUM HARD - TYPE B

\$1.92 per dwt.



**No. 8\***

HARD-TYPE C

\$2.00 per dwt.



**No. 19\***

EXTRA HARD

FOR CLASPS, BARS, PARTIAL DENTURES, ETC. \$1.70 per dwt.

\* COMPLY WITH A.D.A. SPECIFICATION No. 5 FOR INLAY GOLDS

† NO A.D.A. SPECIFICATION HAS BEEN SET FOR THIS TYPE OF GOLD

**OUR LARGE QUOTA OF GOLD CASES *during May***

# Chilcast

casting golds have  
 that merit your consideration for  
 special method of manufacture that  
 minimum and, 2. their small cup-  
 melts quickly and avoids undue  
 blowpipe. This protection during  
 casting assures your getting in the fin-  
 est maximum physical properties of the alloy.  
 not only convenient to use but avoid  
 waste. They are a  
 product of Vernon-  
 Benshoff who also  
 developed Vemonite.

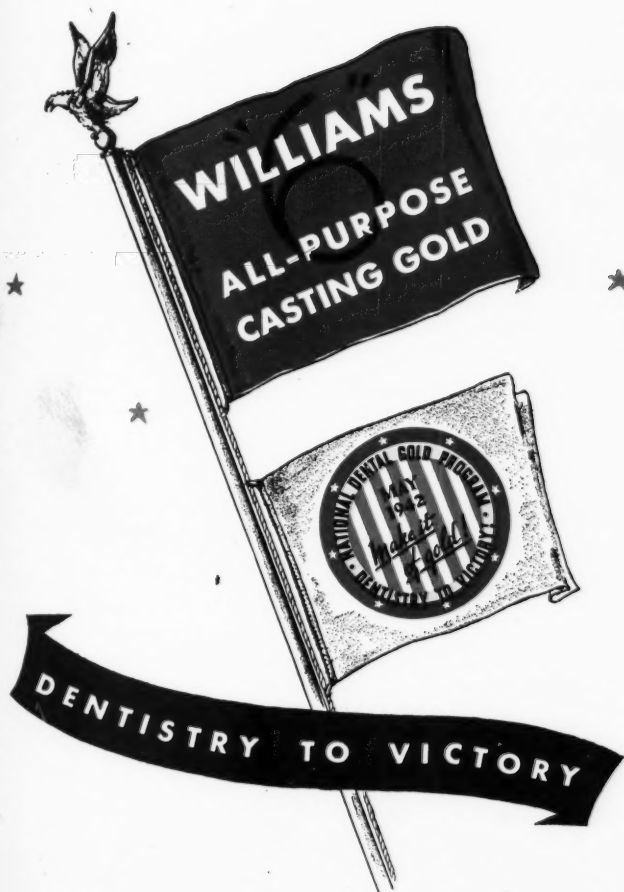
There are 9  
 Chilcast Golds,  
 including Chil-  
 cast #1 for one  
 or two surface in-  
 lays; Chilcast #2  
 for  $\frac{3}{4}$  crowns and  
 abutments; Chil-  
 cast #4 for cast  
 clasps and par-  
 tials. Charts  
 and Lit-  
 erature  
 avail-  
 able on  
 request.



Actual size photograph



VERNON-BENSHOFF CO., P. O. BOX 1587, PITTSBURGH, PENNA.



**WILLIAMS GOLD REFINING COMPANY**  
BUFFALO, NEW YORK • FORT ERIE, N., ONT., CAN. • HAVANA, CUBA



**DENTAL**

**JULIUS**

115 West 45th Street New York

PROCAST

ORACAST

MULTICAST

SPEED

AND SEGMENT

SOLDERS

# FOR VICTORY!



Every pennyweight of dental gold used during May 1942 adds to a fund that will buy dental ambulances to protect the American boys fighting this war. Certainly this is the month to "Make it of gold"—to serve our armies and to give our people at home all the advantages of fine gold restorations.

Aderer golds are enlisted in this "Victory" drive. You can rely upon them for faithful reproduction of the most delicate details. You can expect dense, strong castings—free from pits and porosity. You can depend upon the performance of Aderer golds in mouth service.

Aderer facilities are working at top speed for victory—supplying dental gold for our Land, Sea and Air forces—and serving our civilian profession without delay.

## ADERER, INC.

h St. New York City • 55 E Washington St., Chicago

MANUFACTURERS  
OF PRECIOUS METAL  
ALLOYS  
FOR DENTISTRY

# DENTISTRY

\* Nothing within recent months has given us as much of a "lift" as our pledge to contribute a portion of our total gold sales during the month of May for the purchase of fully equipped mobile dental units. Help swell The Dental Ambulance Fund . . . make your cases of gold!

## ANNOUNCEMENT TO CHICAGO DENTISTS

All Stern Dental Gold Products and Precision Attachments for Removable Bridgework are now available in Chicago at STERN & SON, 30 North Michigan Avenue. A complete stock is carried here to facilitate your procurement of them, in the Chicago area.

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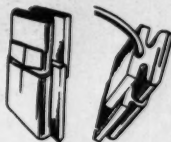


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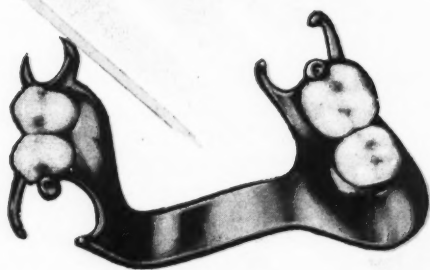
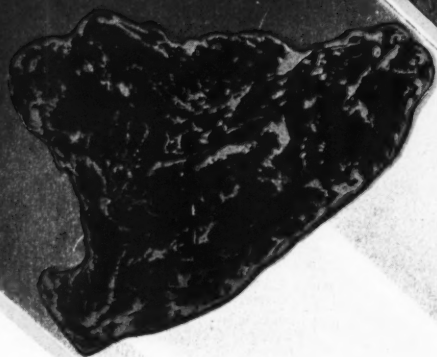
I. STERN & CO., INC., 233 SPRING ST., NEW YORK, N. Y.

# STERN

**DENTAL GOLDS**  
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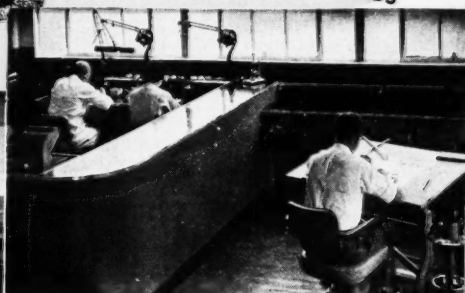


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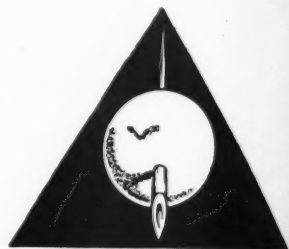


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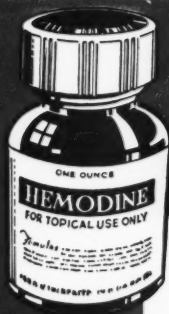
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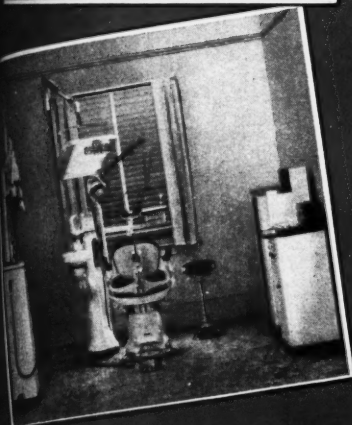
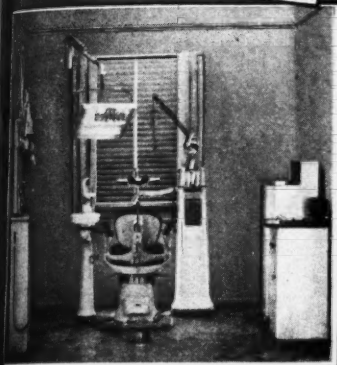
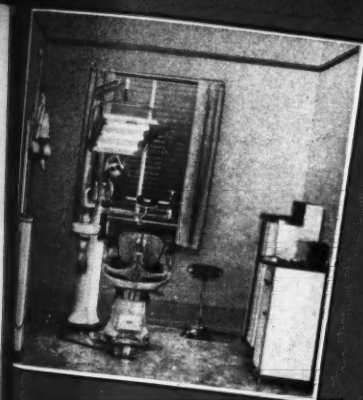
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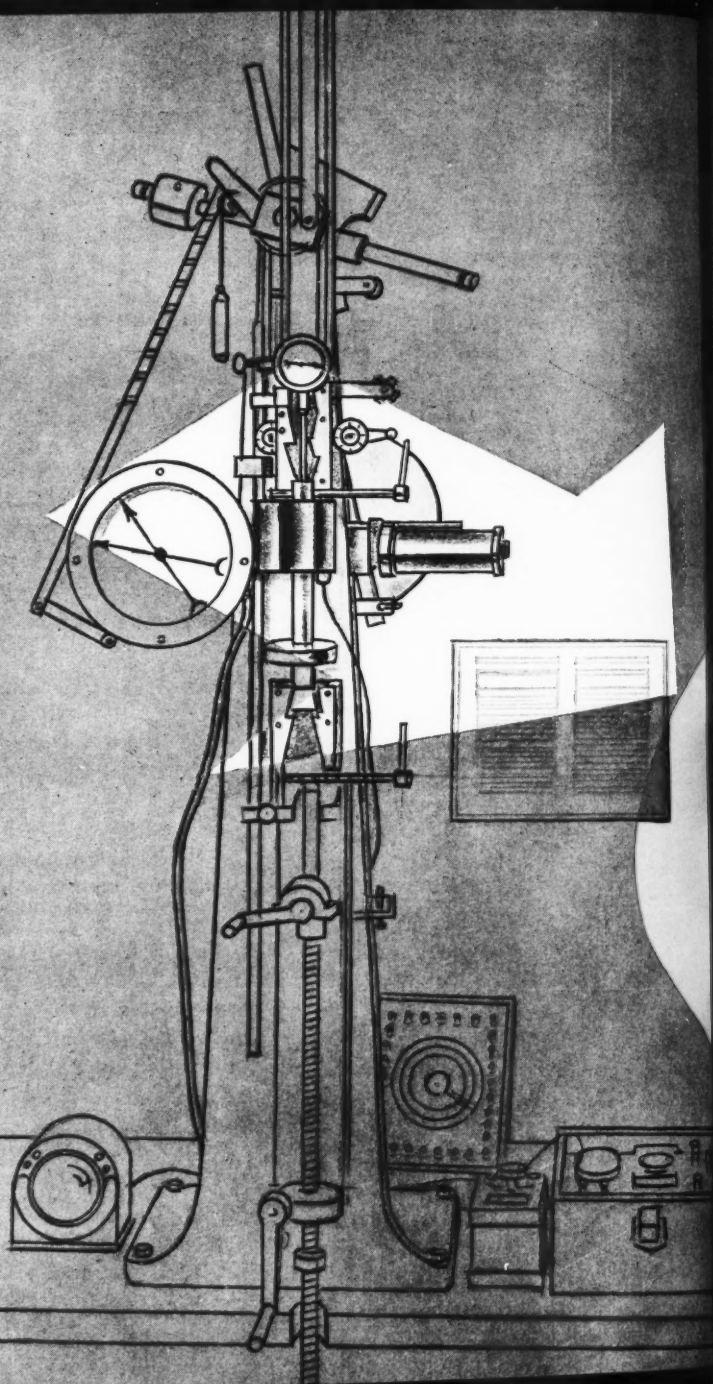
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Top—A complete Ritter operating room with Model "E" Unit. Center—With the exclusive "ulti" (or Model "F") Unit. Lower—With the Model "B" Unit.





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## RESEARCH

When your patient first admires the sheer beauty and naturalness of her new VERNONITE denture, you can assure her with confidence that it will be a continuing source of pleasure and satisfaction. But you, the dentist, know there are other things in VERNONITE than beauty alone.

Behind VERNONITE is research. In our laboratories, for example, is a delicate mechanism by which the hidden mysteries involved in methacrylic polymerization are brought into the open for observation and study. Here for the first time four years ago, the whys and wherefores in the control of denture processing were discovered. Through studies aided by this sensitive instrument, a standard polymerization behavior for VERNONITE was established—an indispensable aid to craftsmanship. For upon uniform polymerization depends much in the accuracy of the completed restoration, hence comfort and service and the patient's continuing satisfaction.

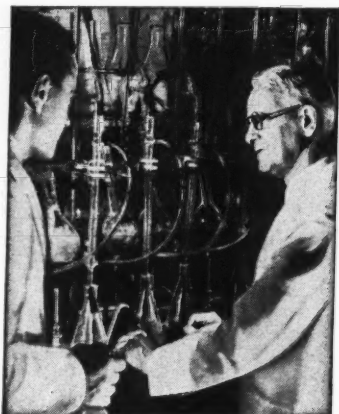
*The studies referred to above were original with VERNON-BENSHOFF, and to dentists desiring further details concerning the interesting work of standardizing VERNONITE and its technic, a fuller description will gladly be sent.*



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Less nicotine in the smoke of  
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than in that of the 4 other largest-  
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of cigarette to smoke

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1. Nicotine is the chief compo-  
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ologic significance in cigarette  
smoke.
2. Nicotine is important to the  
smoker *only in the smoke.*
3. Available medical research\*  
indicates, and Camel's scientific  
tests on hundreds of samples show  
(see pictures), that a slower-  
burning cigarette produces less  
nicotine in the smoke.

Then here is the important  
question: Is a reduction of nicot-  
ine *in the smoke itself* of real  
physiologic importance to a regu-  
lar Camel smoker?

# CAMEL

THE CIGARETTE OF COSTLIER TOBACCOS

# OF LESS NICOTINE SMOKE

A prominent physician states in an important article\*\* on smoking, that when injections of nicotine were increased by only 25%, profound changes in blood pressure occurred.

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In the same tests, Camel burned SLOWER than any of the 4 other largest-selling brands tested.

\*J. A. M. A., 93:1110—October 12, 1929

Brückner, H—Die Biochemie des Tabaks, 1936

\*\*The Military Surgeon, Vol. 89, No. 1, p. 7, July, 1941

**SEND FOR REPRINT** of an important contribution to medical literature—"The Cigarette, The Soldier, and The Physician," *The Military Surgeon*, July, 1941. This significant analysis reveals many new angles about smoking that should be valuable to you when modifying patients' smoking without disturbing their smoking enjoyment. Write to Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

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# These Pictures Tell WHY...

This Denture  
Lacked Stability

and

This Denture Has  
Positive Stability



**THIS** denture, made from an impression taken in a typical quick-setting impression material, required constant juggling to keep it in place, despite the air-chamber. As the bite and occlusion were good the trouble lay in the conventionalized periphery.

This periphery is not a true periphery; it provides no peripheral seal. It is "muscle-trimmed" in name only because it is not moulded to the muscles so as to allow freedom of muscular movement without dislodging the denture.

**CAUSE:** Impression materials which set in the mouth cannot accurately mould themselves to the tissues and cause over-extension or displacement of tissue with resulting discrepancies or exaggerations.

**THIS** denture, from an "ADAPTOL" impression of the same mouth, has positive stability. Its perfect tissue contact over the entire denture and perfect peripheral seal assure perfect retention.

Note its periphery. Note how "ADAPTOL" moulded itself about the frenum, the levators labii, the levators anguli oris, the buccinators and other muscle attachments, providing freedom of movement without breaking the peripheral seal.

**REASON:** "ADAPTOL" remains plastic and self-moulding at mouth temperature. It will not over-extend, displace or compress tissue. It will not set in the mouth until chilled with cold water.

For Positive Denture Stability

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Manufacturers of Dental Golds & Specialties

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New York, U. S. A.

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\$3.50



# Oral Hygiene

VOL. 32, NO. 5

MAY, 1942

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Also tells how

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Clinical investigation shows 95% of Gingivitis cases improved in 30 days (after prophylaxis) by daily massaging gums and brushing teeth with Forhan's Toothpaste. For over 20 years dentists have found it pays to indicate Forhan's and massage.



THE ORIGINAL TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH

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## FACE FIRST?

by Fred D. Miller, D.D.S.

**Dentists can aid in the prevention of facial injuries that impede the war effort and lower civilian morale.**

SPEEDING UP OF war activities and civilian life in general has increased the danger of accidents and personal injuries. Such casualties should be a matter of serious concern to every dentist, because they mean a needless loss of the manpower required for the production of war materials and they disrupt civilian life and morale. Dentists, by reason of their close personal association with many different types of patients, are in a position to instruct people how to avoid or lessen the impact of hazards that arise either in *automobile accidents* or *defense factories*.

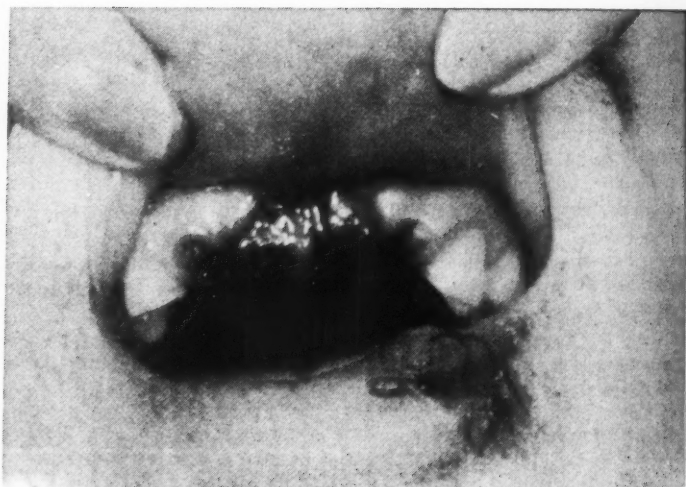
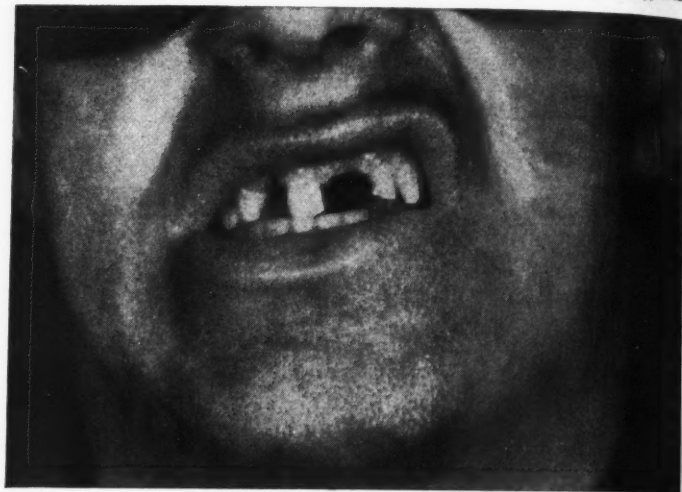
As dentists, we should be vitally interested in a campaign for the prevention of face injuries, because no group can appreciate, as we do, the frightful results of lost teeth and face mutilations. These are mostly preventable tragedies. According to W. H. Cameron, Managing Director of the National Safety Council, "There is nothing mysterious about stopping accidents. Ninety-five per

cent of them are preventable." It is only in recent years that we have come to believe that something can be done about accidents. Not that we are indifferent to our fellow man's suffering, but we thought accidents were inevitable, instead of looking for the causes and trying to correct them.

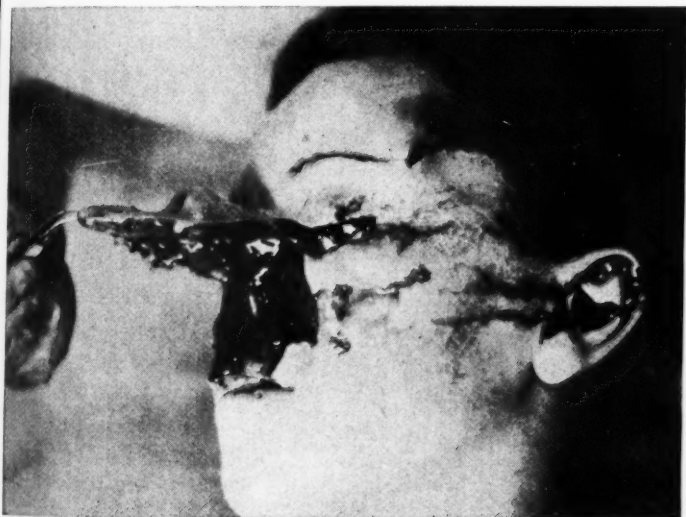
Since campaigns for accident prevention have gotten under way, in the past few years, we have seen safety records running into millions of man-hours—some of them in heavy, hazardous industries. What brought about the improvement? Management, foremen and workmen got together. They said, "Let's study these accidents. How are they caused? What can be done to stop them?"

Much can be done about it if we can make people more conscious of their faces, and the fact that it is wise to cover up and not "lead with the chin." Injuries are painful, disfiguring, *horrible*. If we can shock the public emotionally into





*Typical injuries caused by industrial accidents. (Photographs by Fred D. Miller, D.D.S.)*



Facial injuries sustained by guest passengers in automobile accidents. (Illustrations courtesy of Doctors Claire L. and Floyd E. Straith, Detroit, Michigan.)



*Illustration showing head and face injuries received by passengers during an automobile accident. (Photograph courtesy of the National Safety Council.)*

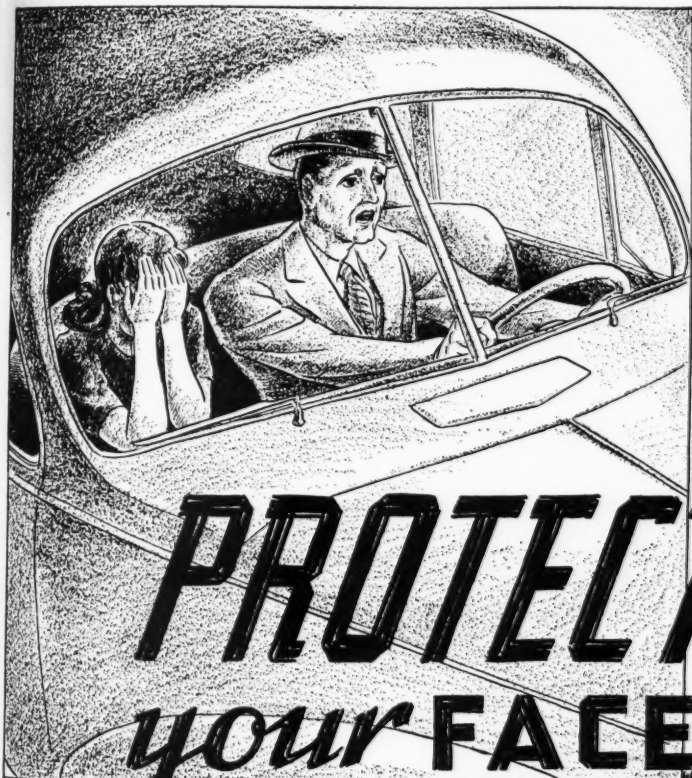
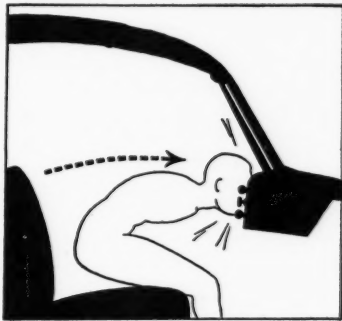
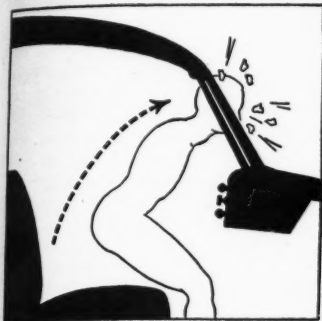
a realization that it pays to cover up the face in the event of an inevitable automobile crash, or explosion, or in any dangerous place, perhaps we can render a real service to our country *now*.

We have in this country 1000 eye accidents a day that cost \$200,000,000 a year in lost time, as well as permanent disability. Of course, one answer to this is wearing goggles in dangerous occupations, and this is being emphasized by the National Safety Council. But little instruction has been given to the public about face protection, either in industry or in the prevention of facial injuries in automobile accidents.

It should be almost instinctive to protect your face but, strange to

say, there are a tremendous number of people who will try to go through a windshield face first. They still expose their faces when they could protect them by throwing their hands or one or both arms up in front of their faces. It is usually the passenger in an automobile accident that gets the face injury. Later on, when we start to design new automobiles, no doubt a lot can be done to make riding safer by the elimination of gadgets—windshield buttons, rear vision mirrors, and protruding buttons on instrument panels. These improvements in design will help, but that is not for now, that is for the future.

The thing we can do now is to make everyone conscious of the folly of leading with his chin—even



**PROTECT**  
*your* **FACE!**

"In the past few years the National Safety Council through its educational campaigns has brought about a sharp reduction in the incidence of accidents, and now Doctor Miller, in his timely article, draws attention to a refinement in accident prevention. He clearly shows that in many instances life-long facial disfigurement and incalculable mental anguish can be avoided."

—Victor G. Heiser, M. D.

a boxer facing a padded glove doesn't do that, and a windshield is a lot harder than a boxer's glove, and so is a monkey wrench or a pick handle or a jack handle or a drift pin, or a thousand and one other things that cause facial injuries. We must teach the workers to be alert, remind them constantly that every injury helps Hitler.

Let us make everyone conscious of the value of his face. Let's try to *help* people—tell them what we know about how valuable teeth are—how difficult to replace, that even the best substitutes are not as efficient as natural teeth. Let's be a little less selfish, a little more liberal with our time and efforts to instruct our patients.

Of course, we will never know exactly how many accidents we have prevented if we conduct a campaign. But, you can be sure that there will be many prevented if we can just make people think and act cautiously.

What can dentists do to help win the war? Remember that every accident that is prevented speeds up the war effort.

Dentists are in a position to influence civilians and defense workers to protect themselves from injuries during automobile and industrial accidents. They should avail themselves of every opportunity to appear before local groups of business men and industrialists and speak to them of the terrific loss of man power due to preventable injuries. Constantly dentists should emphasize the permanent damage that may be done to the teeth and heads of employees in defense plants unless the employers furnish suitable protective equipment and the employees use it conscientiously. Today dentists have an opportunity to be more than mechanics. They can learn what rôle each patient is to play in civilian defense or in industry and instruct him in means to protect himself from serious injury. They can perform an invaluable service that will contribute directly to an increase of civilian morale and the winning of a complete victory.

1122 Twelfth Avenue  
Altoona, Pennsylvania

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A businesslike attitude and careful analysis of costs are essential to the successful practice of children's dentistry.

## MAKING

# CHILDREN'S DENTISTRY PAY

by Stanley C. Brown, D.D.S.



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REMEMBERING THE severe economic blow suffered by many dentists following the previous world war, might it not be well to prepare now for the rehabilitation that will be necessary after the present conflict? Dental disease is not decreasing and the birth rate is increasing. This should be the tip-off as to where our professional services could be of most value to avoid an increase in cumulative dental needs.

The public demand for the care of cumulative dental needs showed a marked decline around 1929, while demand for children's yearly increment needs showed an increase. Those dentists prepared to service this new demand found their practices in sound order and suffered little, if any, loss of professional income. I was unprepared and found it necessary to rebuild

my practice from the field of dentistry for children. What I have to relate is based upon actual experience and not unconfirmed theory.

Dentistry for children, in my practice, shows a greater profit per hour on lower fees than any other branch of dentistry, and I can cite factual evidence of a decrease in yearly increment and cumulative dental needs. We should dispel from our minds the thought that some special blessing (or curse) has been bestowed upon those who practice adequate dentistry for children. By nature I had but one asset necessary for this branch of practice; namely, *determination*. Confidence, ability, practice management, are acquired assets. Any dentist can do adequate dentistry for children if he will but apply himself.

If one is to derive much pleasure

from children's dentistry, he must receive a profit fee. To establish a profit fee, one must first know his cost per chair hour operative time. Almost of necessity, because of the behavior factor, dentistry for children must be practiced on the hourly fee basis. Any training course in practice management will make it a rather simple matter to establish the hourly cost. The profit fee is influenced greatly by the economic possibilities of those you serve, and the ability to pay is largely a matter of desire for or appreciation of the service to be rendered.

You can be "idealistically impractical" and send your juvenile patients to those that "love children," or you can be "idealistically practical" and acquire the few requirements necessary to practice adequate children's dentistry on a profit basis. The longer you remain "idealistically impractical" the sooner your business will feel the pinch of rehabilitation, which is certain to come. It is not good ethics to neglect children, nor is it good business to serve them at a non-profit fee.

There are really only three general requirements to do adequate dentistry for children at a profit fee. In the order of importance, they are: 1. self-confidence; 2. parent-office understanding; 3. respect and tolerance from the child.

Conceit is *not* self-confidence, but recognizing and overcoming our limitations breeds confidence. To establish self-confidence it is necessary to know the simplified operative procedures. One can ob-

tain this qualification through a two weeks' post-graduate course, or by a study of "Juvenile Dentistry," by W. C. McBride. You will find it is rather a matter of "how similar" rather than "how different" from adult procedure.

Knowing your cost per operative hour, ability to operate, enthusiasm and determination, give you all the needed self-confidence.

### Parent-Office Understanding

At the outset is the proper time to "sell yourself" and your service, not after a misunderstanding occurs over service rendered, fee, or patient management. Many parents think of children's dentistry in the light of "temporary" service and are not aware of the part dentistry plays in the normal development and growth of the child. Most parents admit they have no idea how their child will react toward dental service. Their conception of fees is based upon the unbusiness-like unit service—so much per restoration.

In this parent-office understanding you present *your* program of dentistry for children. Influence the parent to appreciate and desire this natural aid to normal development. Your confidence and enthusiasm will convince the parent of your ability to manage the child. However, it is well to explain your views, in a general way, regarding child management. Assure the parent it is your desire that the child will adopt a sane and sensible point of view toward dentistry rather than one of dread and fear. I find the parent's understanding of child



**ITEMS TO BE FIGURED IN OFFICE OVERHEAD**

Auditor's fees	Insurance (fire, theft, liability)
Convention expense	Interest on notes for equipment
Curtain material, replaced yearly	Laundry service
Dental magazines and other periodicals for reception room	Light and power
Dental society dues (local, state, national)	Office cleaning service (janitor)
Dentist's uniforms and shoes	Phone service
Depreciation on entire office (10 per cent)	Rent
Dry cleaning service (carpets, rugs and drapes)	Secretary's and Nurse's salary
Expense in connection with post-graduate courses	Supplies for business office (stationery, appointment cards)
Fees and commissions (collecting agency, legal advice)	Taxes (personal)
Gas	Towel service (rental or own)
	Uncollectible accounts (2 to 5 per cent)
	Upkeep on equipment; replacements (10 year basis)
	Water

(After determining cost per hour for a service, add to total the cost of materials and laboratory services.)

**COST DETERMINATION**

## Probable working days:

Days in year .....	365
Allowances	
Sundays .....	52
Possible holidays .....	13
Yearly vacation .....	15
Fifty-two half days off .....	26
Dental society meetings .....	5
Unavoidable days off .....	4

115

Probable working days.....250

## Probable office time:

9 to 5 (one hour off for lunch) 7 hours total	
Possible productive hours per day .....	6 (Budget Plan)
(Doctor George Wood Clapp figures 3½ productive hours)	
(Bosworth Economics Course figures 4 hours)	
Possible productive hours per year .....	1500

## Determining cost per hour:

Divide office expense by total productive hours	
Example: Office expense totals .....	\$4500
Productive hours total .....	1500
Expense per hour $\$4500 \div 1500 =$	\$3.00 per hour

Overhead hourly expense should equal 1/4 to 1/3 (25% to 33 1/3%) of hourly rate charged. This should hold true also for yearly expense and gross income.



*View of a room in Doctor Brown's dental office that has been made appealing to children.*

management procedure more important than the actual management problem. I have had several interesting experiences with this factor in the early days of my practice.

### **Fees and Costs**

Let us consider next, what many doubting men feel to be the weakness in the "building program"; namely, fees and child management.

To me economics is rendering the best possible service of which you are capable at a profit fee within the economic scale of the majority in the community served. A fee above the economic possibilities of the patient is just as unfair as one below the dentist's cost of production.

The cost of production varies as to location, but not in material costs as many dentists would have patients believe when trying to sell a service by the "unit plan." Every practice has definite investment and production costs, which must be broken down into operative hour costs in order to determine a profit fee. Guessing at a fair fee is not only poor business, but it encourages distrust on the part of the payee. Guessing encourages the payee to suggest, "pretty high, isn't it, Doctor?" Your only honest answer is "I don't know. I guessed. What would you guess to be a fair fee?" Chances are the payee's guess will be as near correct as yours.

Having established your cost per hour, you are now in a position to quote an honest profit fee. Since dentistry for children, in the general practice, is 99 per cent operative (orthodontia is best handled by those more qualified), it is necessary that one learn from experience the time required for a given service on the various types of patients. One soon learns how to handle the timid, the frightened, or the incorrigible types, all of which are exceptions rather than the rule. All children are individualistic and if treated accordingly will cooperate better than many adults. Total the operative time needed to service the mouth and quote the fee to the parent *before* any service is rendered. The parent's reaction to the fee is generally in direct proportion to their appreciation and understanding of the proposed service.

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A profit fee for complete mouth service (exclusive of orthodontia) to children is much smaller than the average "guess profit" fee of adult mouth reconstruction, and substantially smaller than a "profit fee" adult reconstruction. You can justify a fee by appealing to parental emotion, but it seems more honest and professional to present values to development and growth. Your "parental emotion" appeal might influence a deserving mother to accept a service beyond the family's economic possibility.

After the proposed service and fee have been accepted, make sure to complete the understanding by establishing the method of payment. Cash, "on the cuff," or a budget plan, will cover the various paying habits of most people. Institutional or indigent cases are handled through the responsible agency. With the financial details out of the way, the assistant or secretary is responsible for the integrity of the agreement. The dentist must assume the obligation of professional commitment.

### Reception Room

Child management starts the moment the child enters your reception room. A wrong first impression may never be overcome. Your reception room should appeal to the interest level of all ages, which you wish to attract and hold as patients. Anything familiar to the child in the reception room will give him confidence and go a long way toward breaking down any bad impressions he may have formed. A children's corner, a play



*Another view of Doctor Brown's office shows how an attractive playroom can be created for children.*

room, or familiar books will cover this factor.

The assistant can solve 95 per cent of the management problem. Her sincere liking and understanding of children will be quickly felt by the child and at once an allied feeling is established.

Probably no study in the value of early dental benefits is more complete than that compiled by the W. K. Kellogg Foundation, Battle Creek, Michigan. Very significant is the fact that all operative work has been done by the average man in practice, not by clinic or institutional operators working by a set policy standard. Starting with the second-grade age level as a measuring index, accurate data was maintained relative to the quantity and type of dental service required.

After a few years of operative study, work in the field of a similar program was instituted with the pre-school group. When this pre-school group reached the second grade a notable decrease in dental disease incident was noted together with an improved dental point of view of both parent and child.

Also noteworthy is the increase in dental income of the dentists participating in the program without added overhead costs. This fact is ascertained through personal interviews with these men and does not show in the Foundation report.

Although not in the area of the Kellogg Foundation program, our office can confirm its reports, over

a period of several years' practical experience. We have found dentistry for children a profitable, not unpleasant, phase of practice. We treat it as we would any profitable branch of our practice, maintaining a business-like attitude throughout. We present the need to the parent honestly; our fees are based upon a cost-profit hourly basis; the child is treated as an individual; the operative service is conscientiously performed. Adapting such a program to your personality and community will make dentistry for children a profitable practice for the child, parent, and you.

*Ithaca, Michigan*

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### *Dental Meeting Dates*

Tennessee State Dental Association, seventy-fifth annual meeting, Hotel Patten, Chattanooga, May 11-14.

Illinois State Dental Society, annual meeting, Springfield, May 11-14.

Indiana State Dental Association, eighty-fifth annual meeting, Claypool Hotel, Indianapolis, May 18-20.

Ontario Dental Association, seventy-fifth annual meeting, Royal York Hotel, Toronto, May 18-21.

Philadelphia Dental College, seventy-ninth session of the Alumni Society, Temple University, May 20. The program will be a one-day session due to necessary curtailment caused by the National Emergency.

Women's Dental Society of New York, Spring meeting, Hotel Pennsylvania, New York City, May 20.

The Northeastern Dental Society, twenty-eighth annual meeting, New Ocean House, Swampscott, Massachusetts, June 7-10.

American Dental Association, eighty-fourth annual meeting, Boston, Massachusetts, August 24-28.

# TEETH MEAN NOTHING IN WAR

by Walter H. Jacobs, D.D.S.

**"Nowhere, in all the battles of history, have teeth entered into the final result," says Doctor Jacobs.**

RELUCTANTLY, like the patient who hates to admit that the dentures are comfortable because then the bill will have to be paid, the "Fellows of the Teeth Above All" (F.T.A.A.) clan have begun to feel their self-swollen ego deflated by our national emergency! A few more slaps on the buccal surfaces of their mental molars by outstanding medical, health, and military leaders may finally awaken them to the great fact that when it comes to a war to the death, teeth mean nothing! Indeed it is sad; but what is by far more important, it is true.

The old figures that resounded throughout the nation when selective service first went into effect—20 to 30 per cent, may some day haunt the poor deluded F.T.A.A. as their well-earned "scarlet letter." Twenty to thirty per cent, spread all over the press from coast to coast—20 to 30 per cent of the men rejected were disqualified because of *dental disabilities*. This gang of 20 to 30 percenters had grown to manhood. They had passed safely through the dangerous shoals of adolescence. They may have passed the army requirements of strength, height, and weight. They were clerks, college boys, professional

men, business people, actors, long-shoremen, musicians, artists, prize-fighters—they made a true cross section of the men of the U. S. A.

Let us remember that these men were not carried into their draft boards. They were not diseased. They were not bedridden. They were not crippled. They were not deaf, dumb, or blind. Their lungs were good. Their hearts were fine. Their kidneys and glands were functioning according to the last edition of Gray's Anatomy. *But they did not have enough teeth!* Wasn't that just terrible? It is true that some of them may not have caused Robert Taylor much anxiety over taking away his next leading rôle. And it is true that some of them may not have been candidates for the honor of "Mr. Glorified America." But again, let us remember, that they were strong, healthy young men and were capable of enduring army life.

Here was a chance for the F.T.A.A. to pick up the mud and start smearing their beloved colleagues and profession. And they did take advantage of the opportunity. Here was a chance to stop worrying *why* 20 to 30 per cent had dental defects and to start worry-



ing how to get them into the armed forces to defend the United States. But the F.T.A.A. was not bothered by this possibility.

The F.T.A.A. serves a most worthy purpose *in peace time*. When all is going well with our country and its fine people, the F.T.A.A. brings a measure of esthetics, hygiene, and comfort to our public. But when this home of freedom stands ready to fight for its life—when it holds up the banner of civil-

ization, when it is a case of its life or the life of the attacking enemies, then it is time to forget normal peace times! Then it is time to cast away ridiculous self-swollen pride. Then it is time to strengthen our forces. And we *do not* strengthen our forces by refusing 20 to 30 per cent of the candidates for admission into our armed forces because of dental defects.

A half a year ago I began to campaign against any dental de-

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So there may be no misunderstanding regarding the percentage of rejection of registrants who failed to meet the dental standards this statement by Colonel Leonard G. Rowntree, Chief of Medical Division, Selective Service System, is given:

"Summary reports from local boards and a sample analysis of the medical records indicate that about 50 per cent of the approximately two million registrants who have been examined were found to be disqualified for general military service. Of the approximately one million registrants who were thus disqualified, 100,000 were rejected because they lacked educational or moral qualifications, and 900,000 were so classified because of physical and mental disabilities. More than one-half—470,000—of the 900,000 were qualified for limited military service (400,000 by Selective Service and 70,000 by the Army); and 430,000 were totally disqualified for any military service (250,000 by Selective Service and 180,000 by the Army).

"... While these data indicate that only approximately one-half of the registrants being examined are fit for the performance of general military service, it must be remembered that an additional 25 per cent, or 500,000 of the two million examined are qualified for limited military service."<sup>1</sup>

*Of the 900,000 unqualified for GENERAL military service 188,000 or 20.9 per cent failed to meet the dental standards.—Editor's Note.*

<sup>1</sup>Rowntree, L.G. and Baggs, A.N.: Health of Registrants and Rehabilitation of Rejectees, *The Annals of the Amer. Acad. Pol. and Soc. Science* 200:81 (March) 1942.

ferments. It was with great satisfaction that I received letter upon letter from readers who backed me on my stand.<sup>1</sup> Now we read this statement by Brigadier General Lewis B. Hershey, National Director of Selective Service: "The attitude now seems to be that men without teeth can live just as well in the army as they have up to now out of the service."<sup>2</sup>

Colonel Samuel J. Kopetzky, local medical officer, said of General Hershey's statement: "It was one of the first sensible changes ...

what the medical profession has been asking for."<sup>3</sup>

Again, we read in an Associated Press dispatch a remark by Doctor Roger I. Lee, President-Elect of the American College of Physicians: "Unless those defects (defective teeth) make a man actually sick and cause him to be totally inefficient, they should not mean deferment. In this age of specialism in soldiery, when a man is not required to do every job, there should be places of value for those who have such minor defects."<sup>4</sup>

<sup>1</sup>Jacobs, Walter: *Dentistry Behind the 8-Ball*, *ORAL HYGIENE* 31:1286 (October) 1941.

<sup>2</sup>New York Times, February 6, 1942.

<sup>3</sup>New York Times, February 15, 1942.

<sup>4</sup>Editorial, *New York Journal of Dentistry* 12:99 (March) 1942.



The F.T.A.A. have carried us a long way. Some of their latest office practices demand three visits before the patient even sees the all-high dentist! The first two visits are taken up with models, references, and questions as to the patient's blood pressure and childhood diseases. This is a far cry from the old days when a patient expected the dentist to help him out of some dental difficulty, quickly. The F.T.A.A. have also encouraged the latest 2-row, or maybe now it is a 1-row tooth brush. They all admit it was a hell of a job to get their patients to use the old 4, 5, and 6-row brush. And with this large area of bristles it was tough enough for the poor patients to keep their teeth clean. Now they hand the patient a brush that looks like a bleached eyelash and they, then, expect the patient to have clean teeth. The F.T.A.A. would take a healthy, growing profession and would endanger its independence and usefulness by burying it in a new school that would produce a combination between a half-baked physician and a lily-pure executive dentist whose hands would be unsullied by pliers, plaster, or pus. The "Fellows of the Teeth Above All" waste time, space, and valuable effort in professional journals, month after month, with the great discoveries of some supposed dental Einstein, who after rigging up formulae and graphs that would frighten a railroad time-table expert, proves what any first-term high school jitterbug would tell

you between "jam" sessions—that teeth decay!

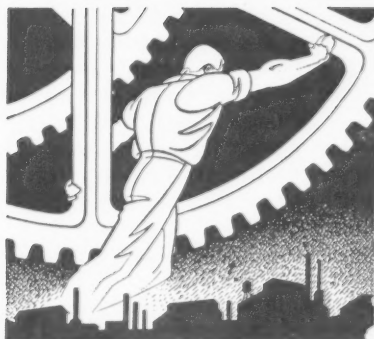
All these ideas are small time when one's home and country are endangered. These ideas can be debated, tried and evaluated in laboratories, offices, and in the colleges. But the F.T.A.A. should not be allowed to fool around with the idea of keeping healthy and willing men out of our army. Now it should be the duty of every clear thinking, honest dentist to rise and tell the public that as important as teeth might be in peace time, they are not important enough to keep 20 to 30 per cent of otherwise eligible manpower from military training.

That teeth will be, or might be, repaired and replaced as efficiently as possible when these men are already in the army needs no comment. It is all too obvious that a man might not be at his greatest physical peak when he has a toothache, or when he has a swollen jaw, or when he might have sore gums. But these are the chances *the man must take, not his country!* One of the earliest recorded surgical operations in the long history of medical science was the removal of teeth. Surely our modern army dental corps can well perform the same operation. And finally let us remember that nowhere in American military history — Bunker Hill, Yorktown, The Alamo, Vicksburg, Shiloh, Manila Bay, or Belleau Wood, nowhere have teeth ever entered into the final result!

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## HIGHLIGHTS ON THE PRESENT



## DENTAL SUPPLY SITUATION

*by John J. Downes*

TO EXPLAIN IN detail the exact status of dental materials in relation to the war effort would require a detailed analysis of priority, allotment, and freezing regulations. And since these War Production Board regulations are subject to frequent changes, such an explanation would in all likelihood be outdated with reference to many products before it reached the reader. The situation is too complex and too readily subject to change to provide a basis for reliable predictions. We can, however, examine some of the fundamental factors with a view to arriving at a better understanding of the supply problems which now confront both the profession and the dental industry.

The effect of our war effort upon dental supplies has been twofold; dental manufacturers have had to

take on an unprecedented production load to provide for the needs of the Army and Navy; the diversion of essential materials to munitions and other war products has curtailed manufacturers' output for private practice. In addition to the direct effect of war production, however, the dental supply situation is further influenced by other conditions.

Some important manufactured dental products have had to rely upon the importation of certain raw materials. The war has cut off these foreign sources of supply. Agar, rubber, and tin are typical examples. We are familiar with the restrictions that have been placed upon the use of rubber. At the time this article is being prepared, some government provision has been made for its use in dentistry. It is hoped that the War Production

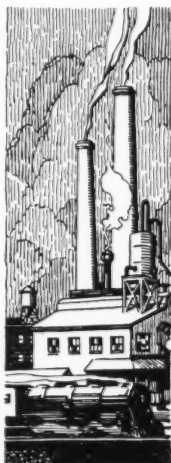
Board, recognizing the importance of rubber as a dental health item, will provide for its continued use. While, thus far, there has been no acute shortage of dental rubber, dealers and dentists will have to cooperate as a precaution against "hoard" buying in view of future uncertainties.

Agar is an essential ingredient in the manufacture of hydro-colloid impression materials. It is also used in bacteriological cultures and many other products. In 1941 we purchased 650,000 pounds from Japan, our chief source of supply, and produced 50,000 pounds on our own West Coast. Bacteriological uses for agar are first on the government list, with dental uses following closely. Our West Coast production is being greatly increased, and the government order freezing all agar stocks has recently been modified to release some of the material for hydro-colloid use. Thus hydro-colloid materials will still be available. Manufacturers tell us that, while there may be some inconvenience, the supply will be sufficient to take care of current needs, *if controlled by judicious buying on the part of the dentist and careful distribution by manufacturer and dealer.*

### Bur Shortage

Prior to the war a substantial volume of foreign-made dental products was purchased by Ameri-

can dentists. Foreign-made burs are a striking example. These foreign products are no longer available. Under normal conditions American manufacturers could easily fill this gap. The result, under present conditions, however, has been to increase greatly the profession's demand for American-made products at a time when production facilities, man-hours, and the supply of raw materials are under a critical strain. The manufacture of most dental products involves highly-specialized processes. The kind of equipment and the character of skill that are necessary to produce burs and dental instruments, for instance, are peculiar to these particu-



lar products. The extent to which production facilities can be expanded, therefore, is limited.

There is a psychological danger incident to the anticipation of a shortage of any essential commodity. In their effort to protect themselves, many people buy considerably in excess of their normal requirements. The result is a dislocation in the distribution of the product. This, to a great extent, is what has happened with dental burs. In 1941 American bur manufacturers produced *for use in private practice* in the United States 50 per cent more burs than were made in any previous year in their history. Now, however, notwithstanding enlarged production facilities and bur man-

Manufacturers working twenty-four hours a day, it is necessary virtually to ration burs. A substantial part of 1941 production is tied up in dentists' surplus stocks. Bur manufacturers tell us that with something approaching an even distribution of the burs available, no practice need suffer for lack of burs to take care of current requirements. Dentists who are well-stocked with bur assortments can help the situation considerably if, instead of placing new orders, they will exchange some of the sizes from their surplus stock for sizes which they need. A cooperative attitude that will promote exchanges from surplus stock and prompt everybody to *buy for need* rather than for *surplus* will help greatly in solving the bur problem.

#### Priority Rating

The Health Supplies Rating Plan identifies the manufacture of dental products as a defense industry and allows it a high priority rating for the procurement of raw materials. But this priority rating is not sufficient to obtain materials of which the supply is critically limited and which are essential to the production of munitions and war equipment. Add to this material shortage the problem of labor turnover as a result of men going into military service, the demand throughout the country for skilled craftsmen of every kind, the dislocation of routine production schedules because of the pressure of producing dental products for the Army and Navy, and the scarcity of equipment essential to plant

maintenance and expansion, and we get some idea of the problems that have disrupted the normal flow of dental supplies.

The Surgeon General's Department has made a careful study of the dental supply industry and the needs of the dental profession as important factors in maintaining the health of the nation. Through the efforts of this department the War Production Board has issued and is issuing release orders on critical materials for dental use. These releases or allotments, however, are limited in terms of time and quantity. For instance, a recent order on mercury allotted to dental manufacturers, for a three-month period, an amount of mercury equal to the amount the manufacturer used within a three-month period of 1940. Thus, if a manufacturer's allotment is 5,000 pounds, that is all he is permitted to process or sell during the three-month period. If the manufacturer and his dealers judiciously control the distribution, and the dentist confines his purchases to current requirements, the manufacturer will be able to take care of all his customers. On the other hand, if the allotment is to be distributed to some dentists in quantities considerably in excess of current requirements, a smaller number of customers can be provided for.

Tin is essential in the manufacture of alloy. At the time this is being written a conservation order releases to dental manufacturers an amount of tin equal to that used in 1940. The two other critical ma-

terials essential to alloy manufacture, copper and zinc, though rigidly restricted for general use, are available for dental use. Thus, there is no immediate danger of a shortage of alloy. Alloy manufacturers are hopeful that this allotment will continue, but there is, of course, no assurance of this. If every dentist is to be protected over what may be a long period, the uncertainty of the situation demands restrictions against large surplus buying.

There is hardly a dental product that is not affected, in some measure at least, by the war effort. Tin, copper, zinc, aluminum, stainless steel, chromium, rubber, bronze, agar, mercury, comprise only a partial list of critical materials used in dental manufacture. And the relationships of one industry to another, the dependence of one manufacturer upon another, intensify the production problem. For instance, an equipment manufacturer must depend upon a wire manufacturer for wire; his insulation materials must come from the textile industry and other sources; screws, nuts, and bolts must be purchased from still another source. These manufacturers in turn have to depend upon other producers for their materials. No manufacturer in any industry can operate wholly independent of this relationship. Thus the delivery of some dental product that you have on order may depend entirely upon a production situation remote from the dental industry.

### Distribution Difficult

The production problems of the dental manufacturer have resulted in creating service and distribution problems for the dental dealer. And this, naturally, has added to the dentist's apprehension regarding the availability of dental supplies. Under normal conditions, a dealer would purchase a sufficient supply of consumable materials such as burs, impression materials, and alloys, to take care of his requirements for several months. Under present circumstances, manufacturers cannot make these large shipments. By making smaller shipments at more frequent intervals, manufacturers have been able in most instances to take care of the current requirements of their



dealers' customers. In effect shipments are rationed on the basis of current needs. These shipments, however, are not sufficient for stock supplies for either the dentist or the dealer. Thus, heretofore, where a dentist could get prompt delivery on a three or four months' supply of several items, his dealer's deliveries to him now necessarily have to be based upon his consumption for a considerably shorter period, *if the dealer is to afford equitable protection to all his customers.* This, of course, greatly complicates the delivery problem and involves more parcels to prepare, more detail in handling shipments, and multiplies by several times the clerical and book-keeping work that is normally required. All of which slows up the

handling of orders, particularly at a time when depot employees are leaving for military service and competent additional personnel is difficult to find. Though the materials on order might be available, the problem of delivery service is such that it is advisable to allow for an additional few days in anticipating requirements.

The foregoing is a broad general view of the dental supply situation. The traditional resourcefulness and creative ingenuity of American industry will, no doubt, develop new materials and new manufacturing processes, which will offset many of our present shortages. However, research and

the development of new manufacturing processes take time. The only solution to the problem for the present is to control carefully the buying and selling of the materials on hand so as to insure an equitable distribution throughout the profession. This, to be sure, will involve some inconveniences. However, our critical national situation demands critical adjustments. The future availability of dental supplies can best be insured by cooperative conservation on the part of the dental profession, the dental dealer and the manufacturer.

122 South Michigan Avenue  
Chicago, Illinois



Photographed at Fort Knox, Kentucky, when the Fort Knox Dental Society, composed of dental officers on duty were hosts to 125 members of the Louisville District Dental Society. Left to right: Brig. Gen. Thompson Lawrence, Brig. Gen. S. G. Henry, Col. Oren A. Oliver, president of the American Dental Association, Col. Owen Butler Briscoe, post commander, and Lt. Col. W. D. Love of the post dental corps. Col. Oliver predicted that Army dentists would soon have the best equipment available. (Photograph by Signal Corps, U. S. Army.)

# PREVENTION—

## The Key to Financial Security

*by Myron M. Lieb, D.D.S. and David Friend*

**Only through patient education is it possible to show people the importance of preventive dentistry and long-range treatment planning.**

"JUST A LIVING is all I get out of it." That's what the average dentist says about his profession.

Certainly there's something wrong in the dental profession if the average dentist, skilled in his science, ethical in his outlook, educated, intelligent, sincere and ambitious, can claim no more than "just a living," with hard work and long hours. Remember, too, that every person after the age of two requires regular dental attention.

Strangely enough, the dentist himself holds the key to the situation. But, thus far, the dentist has been inclined to sum up the situation with the remark that "people haven't the money."

If that is so, how, then, can the dentist explain the fact that these same people spend many millions of dollars each year for items which are not in any way vital to their health or welfare?

How, for instance, can he account for the fact that 100,000 men

and women from every part of the country flocked to the opening of the Kentucky Derby in May of last year and spent \$1,925,651 to watch a racing spectacle, which lasted exactly two minutes and one second, betting \$700,000 in addition?

Or that 200,000 people attended the 1941 World Series, paying approximately \$1,500,000 for about twenty-one hours of excitement.

Or that one out of every five persons in New York State owns a car, with an average of 400,000 sold each month to the "average public" until the war disorganized the automobile industry.

If the dentist accounts for these facts by arguing that spending for thrills and excitement is impulsive escapism and cannot be accepted as significant, that a car is either sheer necessity or sheer pleasure and evokes "spending" more readily than something, which is not always immediate or apparent, like dentistry, then this one additional





fact will further upset his theory . . . In 1940 more than \$100,000,000 was spent by the public for vitamin preparations. Last year's figures may double that. This year's will go still higher. Only a handful of years ago the word "vitamin" was an enigma to the lay public.

This staggering figure proves the sober fact that education is the greatest power on earth, adding significance to the fact that most of these people who are furnishing these millions for luxuries and non-essentials—most of them—*need dentistry badly*.

Once the dentist accepts the fact that there is a job to be done and that he is going to do it—then, and only then, will he begin to reap the full harvest of rewards out of his profession. Those dentists, who have recognized the situation and found the solution, now know the happiness of a successful, controlled practice that makes for financial security, and are enjoying the esteem of their patients and fellow men.

That brings us to the key to our solution, the factor which is first cousin to most of the major problems in dental practice, and the factor upon which financial security, therefore, largely depends—*Patient Education for Prevention*.

*Patient education* is a highly developed, highly diversified skill. It requires not only the functions of a teacher, but the finesse of an artist and the understanding of a psychologist. The purpose of *patient education* is for the patient to understand the benefits of, and accept long-range treatment plan-

ning, complete mouth rehabilitation, and regular re-examination. The one purpose of all these functions is *prevention*.

In almost every instance where the dentist fails in getting the patient to accept complete treatment, it is because *the dentist does not know how to get his story across*; he does not know how to properly, completely, and effectively convey to the patient, in simple, non-technical language, the true picture of his mouth, in a cause-and-effect procedure, qualified and illustrated at each step, so that the patient will understand the cause and effect of conditions such as decay, missing teeth, malocclusion, infections, impactions, and periodontal conditions. The dentist may make a distinguished presentation in a most eloquent manner, yet fail to correlate *patient education* with his diagnosis—fail to bridge the gap between the patient's reason for coming and complete mouth rehabilitation.

There is no standard formula for *patient education*. Each patient is individual, different from all others, with a mental, physical, temperamental and social status all his own, requiring a method of handling all his own, and techniques and procedures based on the facts which he, individually, presents. It is a road with many forks, and the dentist must be able to decide which fork will lead from the patient's reason for coming to the dentist to the end of the road, which is complete mouth rehabilitation for the purpose of preventing further deterioration.

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To practice in such manner calls for examination, diagnosis, and treatment planning, which is complete, orderly, and exhaustive. In addition to complete roentgenograms and study casts, such diagnosis considers the patient's dental and health history and personal factors.

These functions of complete education, examination, diagnosis and treatment planning should be carried out at all times, with every patient, to the best of the dentist's judgment, knowledge, and skill, entirely divorced from the question of fee or the patient's financial status. Thus, if the patient is financially unable to accept complete mouth rehabilitation at this time, he will take care of those conditions which may be urgent, and will make sacrifices, if need be, to come back for completion of treatment just as soon as it is financially possible for him to do so, *because he knows the true condition of his mouth.*

If the program of *patient education* is to serve the purpose for which it is intended—complete mouth rehabilitation for prevention—there are various considerations and procedures which are vital for its effectiveness, and these considerations are likely to be the real reasons why the dentist fails to get his story across:

1. Techniques and procedures to overcome or control the hazards which the patient may present through his lack of information.

2. Technique for explanation of destructive processes.

3. Technique for explanation of

cause and effect of dental disease in relation to prevention.

4. Correlation of the patient's mouth with his personal welfare and happiness: a. esthetic appeal; b. parental emotion; c. health.

5. Recognition of the relationship of personal traits and characteristics to practice problems.

Another important factor in the functioning of a practice geared to prevention is *practice efficiency*.

Practice efficiency involves the planning of time, providing sufficient time for good dentistry, eliminating pressure and fatigue, and keeping the amount of lost time at a minimum. It involves adequate records, which serve as a springboard for efficient planning, as a basis for checking progress, and as a method for determining and insuring adequate fees for the dentist's time and effort.

And practice efficiency means adequate facilities and equipment to simplify and facilitate orderly, methodical functioning. The dentist's first and far-reaching handicap is that he himself is not quite clear as to his purposes and aim; he has not yet accepted consciously the fact that dentistry today is a health service, and that he has a duty to fulfill to his community—prevention. While the dentist of yesterday was concerned mainly with extracting, restoring, and replacing teeth, the dentist of today must think in terms of preventing: the first toothache; the loss of the first tooth; further breakdown where damage has already been done. Prevention must be made the keynote of his practice.

Just as it is the duty of the physician, *through education and periodic examination*, to prevent and control tuberculosis, cancer, and other diseases that can be prevented or controlled, so it is the duty of the dentist to prevent breakdown of the mouth in the first place, and to prevent further breakdown where disease or decay has already set in.

To safeguard and facilitate the principles and purposes governing the concept of prevention, there are basic essentials, so basic in fact, that they are often overlooked because they are the obvious: *to practice in a manner which safeguards the welfare of the patient; technical skill; and keeping abreast of advances in modern dentistry.*

There we have in brief a composite picture of what is involved in a dental practice geared to prevention.

It can readily be seen that a patient, educated in the manner and to the extent here indicated, will understand and appreciate the

value of such services, will accept complete treatment, will pay adequate fees, will return promptly for re-examination, because the importance of doing so has already been set up in the initial educational program. He will recommend others because he will be sufficiently informed to talk with enthusiasm about what his dentist is doing, and to explain the cause and effect of conditions in his mouth in a manner, which will not only interest and attract others, but will help to spread the facts about prevention.

In summing up, prevention for the dentist means the elimination of most of the major problems in dental practice; it means constant practice growth, and ultimately, *financial security.* And it means another dentist has joined the crusade for the control of dental decay, thereby doing his share in building national health.

9 East 40th St.  
New York City

### NAZIS LACK DENTISTS

WITH MANY OF the country's dentists in military service, toothaches are becoming widespread in Germany. The *Koelnische Zeitung* of Cologne reported "there simply are not enough dentists." The paper urged the people to be patient, to consult a dentist only when absolutely necessary; "as, for example, when the pain becomes too great or chewing is impaired seriously."

### The Cover

EACH MAY FOR several years, Ann and Chubby Tanner of Brookside Farms, Pittsburgh, have modeled for the cover of ORAL HYGIENE, dedicated to Child Health Day. This time, whooping cough intervened just as we were ready to take a new photograph. So Chubby is absent from this month's cover. Photo of Ann was taken by her uncle, Edwin Cruttenden.

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# *This is YOUR Business*

*Conducted by Peter J. Swanish, Ph.D.*

**This department is conducted by a trained economist. Dentists are encouraged to address Peter T. Swanish, Ph.D., and ask for authoritative advice on their economic and business problems, similar to the way they have, for many years, sought counsel from the ASK ORAL HYGIENE department.**

TOTAL WAR creates unique problems on the home front for dentistry and medicine, because it envisages attacks upon civilian pursuits and institutions.

It seems safe to say that the problems of dentists and physicians here will be cut out of the same kind of cloth as were those of their colleagues abroad. In Great Britain, for example, the war service centered around three main activities: 1. getting to the wounded civilian, 2. the evacuation of the wounded civilian from danger zones, and 3. the organization of medicine and dentistry to serve community units.

Suggestive of the nature of changes brought about in the life of the dentist and the physician as a result of war, are some of the titles, notes, and correspondence in the British dental and medical journals. They give the practitioner an idea of how the inexorable push of war thrusts problems into the center of their carefully-organized professional life. The titles men-

tioned are much to the point here, for example, "combatting sleeplessness during air raids"; "hygiene in air raid shelters"; "provision of dental care at public expense in emergency hospitals"; "mobile surgical teams for treatment of special types of civilian war casualties"; "care of evacuated children's teeth"; "looking after the under-fives in nurseries"; "organization of medicine to serve community units"; and the "central organization of health personnel to meet problems of evacuated civilian population."



## **Morale in Wartime**

"In war, the morale is to the physical as three to one," said Napoleon. The responsibility that falls on the shoulders of dentists and physicians in the matter of morale and its importance for complete victory is an extremely urgent one.

Dentists and physicians are needed to keep us in sound health, and, therefore, to maintain the morale of the military and civilian population. Because they are trained to deal with nervous disorders and physical weaknesses, which result from intense pain, and are especially equipped to help their fellow men and women in time of stress, they have a critical rôle to perform. A civilian morale, strong enough to sustain the spirit of the people until victory comes, is in a real sense in the hands of our dentists and physicians.

It is with us here, as the Editor of the *British Dental Journal* said to his colleagues after Dunkirk: "The maintenance of morale of the civilian population is of greatest importance. The members of the dental profession can do much in the course of their everyday work to encourage and reassure those of their patients who exhibit any signs of despondency or doubt as to the ultimate victory of the cause for which we are engaged. . . There is no place in these times for facile optimism, but there is need for quiet, firm determination to see the struggle through to a victorious conclusion."

War will force careful husbanding of our relatively scarce dental resources. In this matter of economy in the use of all that is available, the wisdom of action aforethought by dentists and physicians in this country is borne out by British experience. Pooling of staffs with neighboring areas, use of staffs of evacuated areas where dentists are under-employed, and

the pool of dentists enrolled with the Dental War Committee, are some of the specific means employed toward this end there.

Studies of community resources and facilities under the direction of local heads of the Emergency Medical Service of the Office of Civilian Defense will be to our good, if the organization of the results follows the principle that dentists should not do work either on the civilian or military fronts, which a layman can do with a little training. It is well to note here that every Soviet citizen, from 16 to 60, is compelled to learn how to extinguish incendiary bombs and any fires resulting from them, study gas defense, and know how to render first aid to the suffering. Everyone in Russia must know how to build the simplest form of air raid shelters, and must know the rules of conduct to be followed during air raid alarms. Children from eight to sixteen are taught means of personal safety. Thus the civilian front, in the words of P. Kobelev, Soviet Major-General of Aviation, permits "quicker liquidation of the consequence of enemy raids."

Total war, when it does come home, brings much other service for dentists. In England, dentists were called upon to perform various "quasi-medical services, either as anesthetists or in first-aid casualty clearing stations," and particularly in areas where the dentists and physicians had left to join the colors. Practice in evacuated areas was disorganized. Patients moved to safer spots caused under-employment in the office of the practi-

tioner at one point and over-taxed health facilities at another.

In industrial centers, the black-out put an end to evening work. Where it did not completely, there was the demand upon dentists for voluntary aid, which was required at night in first-aid stations, and hospitals.

In this country, under war-time conditions, we can expect the standard of dental service required to suffer. The tendency to postpone all but urgent treatment will set in in an enlarged way.

Education and educational institutions will be disorganized. The hand of government will grow larger in the direction of their functions. The problem of obtaining recruits for the profession will become more complex.

Dentists about to join the colors face difficult decisions as to what to do with their practice. To dispose of a practice and, yet, not sac-

rifice all of the hard effort put into its establishment, is not simple in war time. Protection of practices of practitioners at the front is not an easy problem, but is one which should be undertaken soon on a national scale. Schemes for the protection of almost every other class of citizens have flooded Congress. The British pattern of protection could serve as a beginning for the study and development of such a plan here.

Dentists, physicians, all of us, need be on our toes until the war is won. Time is of the essence in every area of our endeavor. Let it not be said of professional men, what Lloyd George said of his people in 1915, that we are "too late in moving here, too late in starting with enterprises, too late in preparing." This is *your* business.

6527 Glenwood Avenue  
Chicago, Illinois

### *Speaking as a Patient—*

Why is it that dentists overlook many opportunities to suggest to patients slight changes or corrections that would improve the appearance of the teeth and facial expression? I have just returned from the photographer, after trying to select the most flattering (and yet natural) proof for finishing. My solemn, unsmiling proofs look too much like the personification of all world news, but worse, my smiling ones show the edges of my upper teeth to be uneven, enough out of line to be glaring. I am sure my dentist has noticed this, but he has never said that it could be corrected easily and quickly by grinding. I had to hear this suggestion from someone else.





## Military and Defense News

**A.D.A. to Meet:** The Boston meeting of the American Dental Association, August 24-28, will be held according to the original plan. Only in the event of an emergency of an extreme nature would the meeting be canceled. All dentists, who attend the sessions, are assured that the section programs are being planned to aid the dentist in professional practice associated with the war effort.



### **Advise on Dental Materials:**

A committee made up of Doctor George Anderson of Baltimore, Chairman; Doctor Henry A. Swanson, Washington, D. C.; and Doctor Harry Bear, Richmond, Virginia, has been appointed by President Oliver of the American Dental Association to work with the War Production Board. The function of this committee is to give counsel and advice with respect to priorities on dental material and supplies and to assure the smooth flow of dental materials sufficient to meet the needs of civilian practice.



### **Dental Students in the War:**

Under present regulations dental students receive commissions as officers in the Navy Reserve. Upon graduation they are called to active duty as officers in the

Dental Corps of the Navy. At the present time no such plan exists with respect to dental students and their relationship to the Army, although medical students receive appointments as Second Lieutenants in the Medical Administrative Corps and after graduation are called to active duty as officers in the Medical Corps. A strong effort is being made by officers of the American Dental Association to have dental students occupy the same status as medical students with respect to commissions in the Medical Administrative Corps.



### **Procurement and Assignment Service in Operation:**

Speaking at the New York Academy of Medicine on March twenty-third, Lieutenant Colonel S. F. Seeley, outlined the procedure that will be followed by the Procurement and Assignment Service:

To explain how the Service will operate when the information derived from our April questionnaire is added to that already supplied by the American Medical Association and the American Dental Association, let us assume a concrete instance. Suppose, at eight o'clock in the morning the Procurement and Assignment office gets a telephone call from the Surgeon General's Office of the Navy.

He wants fifty orthopedists with the following qualifications: male; citizenship for ten years, if naturalized; age between 37 and 45; graduate of medical school recognized by the Navy; served at least a year's internship in a hospital recognized by the Navy; training in his specialty sufficient to fit him to be a chief of service; already has expressed a willingness to accept a commission when the Nation needs him; speaks or translates Spanish; and men with significant travel in South Pacific preferred.

Now that's an order, and we don't have to put 100 clerks at fifty filing cases to find our men. The National Roster has a machine, and we have 180,000 cards with punch holes in them. A girl presses down a certain key for each one of these qualifications. The 180,000 cards are fed into the hopper. The punch holes on the cards mesh with the gear thrown in by the keys, and the cards keep dropping out because they don't fit, or keep traveling to the next place where a notch fits indicating the next requirement specified. The list can be broken down automatically into states if desired. Those that are left at the end are the very ones we seek. In the hopper we have, as the net result of the machine's work, the printed names and addresses of all those who meet these requirements.

One copy goes at once to the Surgeon General's office. The other copy, broken down into states, is forwarded to the state chairmen of Procurement and Assignment to determine whether or not these men can be spared from their community at present. They will not be

assigned to duty unless they can be replaced, if they are essentially needed on staffs of teaching institutions, industrial plants, hospital staffs, public health services, or in private practice. But it is expected that all such positions ultimately can be filled by men over 45, or those physically unfit for service under that age, and by women physicians, of whom the nation now has 8,000 in active practice.

More and more these women physicians are to take the places of men in important and essential positions in civil practice, or in defense service not requiring active duty with troops. But until this is done, it is for the local state committees to pass on whether the person who is called can be spared. This job has been placed in the hands of the local medical and dental professions.

*Certificates for Volunteers:* Every physician, dentist, and veterinarian in the United States, who enrolls in the Procurement and Assignment Service will be given a certificate to hang on his wall and be authorized to wear an insignia on his lapel showing that he has offered his services in his professional capacity to his country to win the war.

Within a few weeks every citizen should be able to spot those in his own community who have thus volunteered. The man who stays at home because he cannot be spared is just as patriotic as the man in the armed forces, and he has the satisfaction of knowing that he was not called because his community needed him. He, too, will have the same certificate and the same insignia.

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## *Speaking as a Patient—*

How do you react when hearing your dentist hum? Mine is a happy as well as skillful man (for which I am grateful) but apparently he was once told that "with a little training, your voice—." Maybe. But harmonizing with the hum-whir of the dental unit is a poor way to audition.

# Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

## BUY FOR USE ONLY

COMPARED WITH the production needs of the armament makers the raw material requirements for dental equipment and supplies are infinitesimal. It would be easy for the War Production Board to pass over quickly the comparatively few needs of dental industry and to place our material requirements in an unfavorable position on the priority lists. But this kind of abrupt and thoughtless action we do not expect. With the girding for full war effort the raw material needs of many industries not essential to the war are now curtailed. Every day, manufacturers of non-military products are going out of business. Dentistry cannot join this list of moribund producers. No one in the government or outside wishes dentistry to be forced out of production. The Office of the Surgeon General has made a critical study of dental supplies and needs to insure, first, a steady flow of essentials to the armed forces and, second, to plan a fair distribution of dental necessities among civilian practitioners. A liaison officer now works among the Army Dental Corps, the dental profession and industry, and the War Production Board. Recently President Oliver of the American Dental Association has appointed a committee to cooperate with all the governmental agencies concerned with the material aspects of the war effort.

Dentists do not expect and the American Dental Association does not request that we receive any kind of preferential treatment. Dentistry is asking for no favors for itself. We expect our government to be interested in the health needs of all the people. We expect the government to concede without argument our place in the health service field. The materials that we require are not many in number or great in quantity. These materials are not processed by us into useless trinkets or into luxury form. They become, when touched by our skills, parts of a living organism—the human body. We are constantly reminded that it requires ten producers at home to keep one fighting man in the field. For an army of 6 million it would require, therefore, 60 million men and women in the factory and in the fields—almost one-half our total population. These workers cannot produce with speed and efficiency unless they are well. It is our job to help keep them well, to help keep them working. To do that job we need tools and materials with which to work. This is a simple and direct story and one

that any governmental agency should accept without further elaboration.

Unquestionably the government will release enough essential materials to allow us to serve the American people. We will not have too much and we should have no surplusage. The War Production Board will likely prefer a steady and conservative flow of dental supplies, never in such large amounts as to throw unnecessary strains on our precious stores of raw materials. But what of ourselves? We must accept the fact that the government recognizes the essential nature of our profession and entrusts us with valuable materials. The government expects us to use these materials carefully and well, transforming them into functional parts of the human body. Stored on a shelf or in a cabinet they are inert materials not helping anyone. To be sure, every dentist wants a sufficient supply of materials at hand to insure his steady production, but laying up large stocks sufficient for several years' use is not a virtue of farsightedness but a stigma of the hoarder. If dentists insist on following the practice of quantity buying and hoarding, they may find themselves faced with the two-edged sword of confiscation and rationing. The government and the profession agree that dental supplies are essential to the war effort. Anything essential cannot be monopolized by the few. Such things must be spread widely for the benefit of the greatest number. The government has always been tolerant and friendly to the profession, not hectoring us with silly regulations, inspections, and decrees. No other group in economic society has enjoyed so much freedom as ours. We have been expected to do most of our policing and regulating. We have done a pretty good job. It was *our* demands upon legislators that strengthened the laws for dental practice. In this emergency the government expects us to erect some of our own standards and safeguards. If we can't, by free and voluntary action, work out just and equitable methods for the distribution of dental supplies, the government will be required to set up dental rationing boards, the same as now or soon will exist for tires, sugar, gasoline, and certain foods.

This is not scare-writing, quite the contrary. It is likely, however, that some dentists, after they read this, will be panic-stricken and put in prompt orders for more supplies. But the greatest number will do as they always have done, act fairly to the public and to their colleagues, buy for use only, and conduct themselves, unafraid, as free men should.

Edward J. Ryan



## DENTISTS IN THE NEWS

*Chicago (Illinois) Tribune:* Among the heroes of Pearl Harbor, who were awarded letters of commendation by President Roosevelt and Secretary Knox, is a dentist, Lieutenant Elmer W. Schuessler of Chicago. Lieutenant Schuessler, who was born in Chicago in 1902, was formerly a member of the faculty of the Chicago College of Dental Surgery. His wife and three small children returned from Hawaii following the Pearl Harbor attack, arriving in San Francisco the last day of December. They are now living at 955 North Long Avenue, in Chicago.

*Pittsburgh (Pennsylvania) Press:* Senator James M. Tunnell (Dem.), Delaware, introduced a bill in the United States Senate to bar "mail order" teeth from the mails unless the sellers obtain licenses in the territories or states to which the dentures are shipped. He described the bill as a health measure, requiring firms to obtain licenses if they wish to sell dentures.

*Washington (D. C.) Star:* A "biting block" for aviators, similar to the rubber mouthpiece worn by boxers, may become an important contribution to air warfare. Experiments with this device now are under way at the Naval Dental School

at Bethesda, Maryland. Other experiments have been carried on at the Mayo Clinic in Rochester. The object of the "biting block" is to prevent the mouth from being closed too tightly during a dive, causing a nerve impingement by the condyle, which may produce intense pain in the ears and in the teeth. It is likely to be especially valuable, Navy dental officers point out, for a flyer who has lost one or two of his molar teeth or whose teeth have been worn down so that the "bite" is not entirely normal.

*Chicago (Illinois) Tribune:* Safe arrival in a Pacific war area of Lieutenant Irving Hecht of the Army Dental Corps was revealed to his wife, Mrs. Margaret Hecht, in a cablegram received at her home at 3526 West Fifth Street. The message read:

"Arrived safe, love to you. Richard, Robert. Irving Hecht."

Mrs. Hecht said her husband, who is a cousin of Ben Hecht, the writer, was a dentist in Chicago until last December. He is 39 and the father of two sons, Richard, 7, and Robert, 5.

*Charleston (South Carolina) News and Courier:* How a book by a New York dentist, who has never been to China, doesn't speak Chinese, and who

never met any of the Chinese leaders until they came to America profoundly influenced the course of Chinese history, was revealed recently by Pearl Buck, whose novel *DRAGON SEED*, depicts the heroic resistance of the Chinese people against the Japanese invaders.

The dentist is Doctor Maurice William, 61, of 200 West 57th Street, New York, who, with Miss Buck, was decorated by



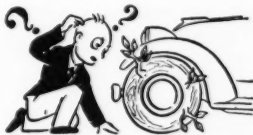
the Chinese government with its highest honor, the Order of Jade, White Cravat with Red and Blue Borders, for their contributions to that country. Doctor William's book, "The Social Interpretation of History: A Refutation of the Marxian Economic Interpretation of History," privately printed in 1920, had virtually no sale in the United States, but a copy found its way to Doctor Sun Yat-Sen, father of the Chinese Republic. According to Miss Buck, Doctor Sen used the book to form the third of his famous Three Principles, the Bill of Rights of Modern China. A biographic sketch of Doctor William appeared in the April, 1940, issue of *ORAL HYGIENE* under the title "A Dentist Shapes World History."

**Pittsburgh (Pennsylvania) Press:** John A. Baserman, a dentist, has invented a plan to cut down on tire thefts. He has designed stenciled letters of the alphabet, each an inch high, with which tires can be branded by the owner in such a way that they cannot be removed without injury to the fabric. Doctor Baserman made the stencils in a hobby workshop in his home, 716 Hollycrest Drive, Mount Lebanon. The letters are

made with a guard so that the impression will not burn more than half way through the rubber facing on the side of the tire. Doctor Baserman has applied for a patent on his invention.

**Detroit (Michigan) News:** When two men called at the dental office of Doctor Harmond J. Webb at 7419 Michigan Avenue recently, one of them asked to have his teeth examined. Doctor Webb found a cavity in a lower molar, and while he was discussing the cost of the restoration for the tooth, the second man drew a gun and took \$20 from Doctor Webb. A few days later, through a license number supplied by a witness, a suspect was arrested. Although he denied knowledge of the holdup, Doctor Webb identified him at Police Headquarters by the cavity in a lower molar.

**Richmond (Virginia) Times-Dispatch:** J. Lucian Spitler, Luray dentist, has invented a new kind of tire, which he believes will serve in an emergency. He has already tried it out by traveling



twenty-five miles on it. He agrees that it is not perfect, but hopes to make some improvements. The main material used in the tire is wood, and Doctor Spitler admits that the riding is somewhat rough.

**San Francisco (California) Examiner:** At the request of the Chemical Warfare Service of the Army a plan is being formulated to make 750 San Francisco

dentists experts on poison gas. The plan, which was presented at a special meeting of the Society by its president, Doctor Leon W. Moser, proposes that den-

tists supplement physicians in first aid treatment of gas wounds, and at the same time serve as the experts who will decontaminate gassed areas.

This month's awards for stories submitted to **DENTISTS IN THE NEWS** go to:

A. COLBURN, 16875 Sussex, Detroit, Michigan

GEORGE D. ROUSE, D.D.S., Charleston, South Carolina

HERMAN A. MORAN, Box 20-980, Represa, California

### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

### SERVICE INSURANCE FOR DENTISTS

DENTISTS NOW ON active duty with the United States Army and Navy are eligible for National Service Life Insurance, which comes in the form of 5-year term insurance that may be converted within one to five years into ordinary life, 20-payment life, or 30-payment life insurance.

Computed on the basis of \$10,000 of insurance (the maximum that can be obtained), the premiums for the various age groups range as follows:

#### Monthly Premiums for

Age	5-year term	ordinary life
30	\$7.10	\$15.60
35	7.60	18.00
40	8.50	21.20

These premiums may be reduced by dividends.

As National Life Insurance is payable only to your wife, children, parents, sister or brother, no death benefit can be authorized if no beneficiaries are available with this relationship. The death benefit cannot be paid in a single sum. If the beneficiary is less than 30 years old, the proceeds are paid in installments over a period of twenty years. If the beneficiary is over 30, the death benefit is paid as a life income, the amount depending on the beneficiary's age. If the primary beneficiary should die before payments have been made for ten years, the life income is continued to a secondary beneficiary for the remainder of the ten-year period.

In the event of continuous disability, premiums will be waived.

—Medical Economics, April, 1942.





# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Alveolar Atrophy

Q.—I am enclosing a roentgenogram of the upper right central. There is a deep pocket on the lingual toward the mesial of this tooth. It is the only pocket



in the patient's mouth. She is a woman, 32, in good health, but is somewhat anemic at times and has a thyroid condition. Also, in the past two years she has been losing pigment from her skin and, therefore, has what appear to be brown patches over her arms, neck, and body.

She has a good diet and her nails are firm and thick. The general condition of her mouth, from clinical examination, is satisfactory. There is good color in the gums, no bleeding, no tartar, two small silver restorations, and the anterior gold inlay. This right central is a little loose and sensitive to pressure. This pocket bleeds easily, but there is no tartar and there seems to be no suppuration. She reports that this condition developed almost overnight. The occlusion is good.

This pocket showed up about three weeks ago. The left central is neither sore nor loose. I have been treating it with a pyorrhea astringent for two weeks with no result. What do you suggest?—D. A. H., Kansas.

A.—The case presented in your letter is one, I believe, of diffuse alveolar atrophy.<sup>1</sup> A tooth so affected is also known as a "wandering tooth." Kronfeld<sup>2</sup> says, "This wandering may occur in a vertical direction (extrusion) or in a horizontal direction (drifting diastema formation). In diffuse atrophy, pocket formation and suppuration are distinctly late and secondary symptoms. If a tooth shows definite pathologic wandering, a pocket will develop on the side of the root from which the tooth is moving; for instance, in case of labial drifting of an incisor, a pocket is usually found on the lingual side.

"The clinical diagnosis differentiating between these two main types of pyorrhea is of greatest practical importance. The primarily local and inflammatory forms are readily influenced and usually completely checked by removing the sources of irritation and main-

<sup>1</sup>Gottlieb, B.: Die diffuse Atrophie des Alveolar-knochens. Ztschr. f. Stom., 1923, 21: 195.

<sup>2</sup>Kronfeld, Rudolf: Histopathology of the Teeth and their Surrounding Structures, Philadelphia, Lea and Febiger, page 291.

taining rigid oral hygiene and cleanliness. Diffuse atrophy is a more serious condition; because of the uncertainty of the etiology, therapeutic procedures are usually restricted to treating the symptoms, checking the occlusion, excising the pockets and early fixation of the loose teeth."

If traumatic occlusion has become a factor it must be corrected.

As diet deficiency<sup>3</sup> is held to be one of the causes of this condition, especially deficiency in vitamin C, this factor should be looked into.

If you will consult the last two authors quoted you will find full details of treatment.—GEORGE R. WARNER.

### Unstable Dentures

Q.—I have an upper denture I would like to ask your advice about. It is an upper acrylic, for a man, about 50, with a high vault and rather thin ridges. I have made the denture over and also relined it, but with a little force it can be dislodged on the left side. The right side stays up well and, when pulling straight down, the suction is good.

I am now using a denture lining and I am having the same result. In using the denture lining I have been looking for a hard spot on the palate but, so far, I am unable to find any. Could you suggest anything that might help me?—F. O. E., Ohio.

A.—Upper jaws with high vaults and thin ridges are the most difficult type to fit satisfactorily with dentures. Sortex soft disclosing wax, put out by Doctor Brenner of Milwaukee, Wisconsin, should help you to locate any pressure spot that might be causing the trouble. In using the wax for this purpose I paint the entire palatal portion of the denture with melted Sortex, insert the denture,

have the patient rinse the mouth several times with hot water, then close firmly and chew. Chill it with cold water before removal. Grind out areas, where the wax is displaced, with a sharp, large round bur, followed with a polishing wheel or disc.

A carefully balanced occlusion is also an important factor in providing stability in all cases but especially this type.—V. C. SMEDLEY.

### Resorbed Jaw

Q.—A woman, 58, wearing full acrylic dentures, complains of soreness in the region of the lower left first molar. When she first presented, she was wearing an old vulcanite denture on the upper and had a bad pyorrhetic condition on the lower anterior region.

I extracted the lower anteriors and also the first bicuspsids on each side in February, 1939. Full dentures were placed on May sixth. Before the work was started, extreme resorption of the alveolar ridge in the posterior part of the lower ridges was noted.

In January, 1941, the lower denture was rebased in an effort to obtain better retention. On August 16, 1941, the lower denture was remade for the same reason.

All this time, the patient complained of soreness to pressure in the lower left first molar region, not constant, but recurring from time to time. Roentgenograms disclosed no retained roots and no pathology whatsoever. Thinking that there might be a slight knife-like edge of bone in the left lower region, I lanced the tissue there and removed a small amount of bone on the crest of the ridge, but there was really little there, not enough to cause the discomfort.

Neither rebasing nor remaking has given her relief and I cannot think of anything else to do that will help her.

Despite the flatness of the lower ridge, the dentures stay in place and the patient has no difficulty in masticating—the articulation is perfect and the dentures are esthetically correct.

My theory is that there has been such a vast amount of resorption of the posterior alveolar ridges that it has caused destruction of the superior wall of the

<sup>3</sup>Merritt, A. N.: Periodontal Diseases, Diagnosis and Treatment, Second Edition, New York, The Macmillan Company, 1939, page 85.

mandibular canal and the soreness to pressure results from the fact that there is such a slight amount of space and tissue between the inferior dental nerve and the mucous membrane.

If you can offer any suggestion as to relief in this case, I shall deem it a great favor.—J. H. S., New York.

A.—It is often possible in these resorbed jaw cases to palpate with your fingertips the mental foramina. With the correct spot located you can sense the outline of the foramina and feel the artery pulsate as it emerges from the canal. With this point thus located you can mark it with an indelible pencil, transfer it to the denture, and grind out liberally to relieve all pressure in this area. I have made a good many elderly women comfortable in this way.—V. C. SMEDLEY.

### Sensitivity

Q.—Again I am coming to you for help. My patient is a man, about 50. His mouth is clean, well-cared for, no cavities, roentgenograms negative. He complains of cold causing pain on the lower right molar region. He has had this condition for about a month, and I can find no cause or cure.

Can you suggest a cause? Can you suggest a treatment? How about using formalin as a mouth wash? If so, what strength?

Your department in ORAL HYGIENE is of great interest and help to me.—C. W. M., Minnesota.

A.—You should be able to locate the exact point of sensitivity to cold for your patient with a pointed piece of ice going over all tooth surfaces particularly where exposed dentine is visible; such as, abraded areas or at the neck of a tooth. If you find such a spot or area you can most likely eliminate the sensitiveness by an application of silver nitrate. I would not think a formalin mouth

wash would be effective for this purpose. A concentrated solution of formalin burnished into such a surface with an orangewood point is somewhat less effective than silver nitrate where discoloration has to be avoided.—V. C. SMEDLEY.

### Pigmentation

Q.—A factory worker, a man, aged 32, has a dark gum condition, which has the appearance of black pigmentation about 3 mm. above the gum margin. There is an irregular arrangement ranging from 3 to 5 mm. wide, extending from bicuspid to bicuspid on upper and lower teeth. There is no systemic disturbance to the patient's knowledge or any soreness in the immediate area.

A teacher, a man, aged 23, states that his teeth were in good condition until a year ago. At that time he received a great amount of dental treatment. At present there are approximately thirty gingival cavities. The patient insists that his teeth became carious six weeks after a change of locality.

Any information and suggestions for treatment you can give for these cases will be appreciated a great deal.—O. H. A., Minnesota.

A.—In the case of your factory worker the pigmentation might be natural; that is, if he is a brunette. Many brunettes have such pigmentation. It might be from charcoal used as a dentifrice or from something in his work. There being no local or systemic manifestation in connection with the pigmentation, you would be justified in disregarding it so far as considering any remedial measures.

The rampant caries can't be accounted for, it seems to me, by the suspected change in diet or habits. Without a full case history one couldn't even hazard a guess as to the cause of his present condition or its remedy.—GEORGE R. WARNER.

# TECHNIQUE OF THE MONTH

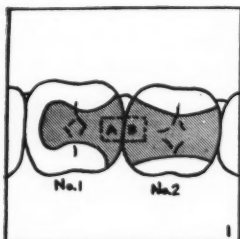
Conducted by W. EARLE CRAIG, D.D.S.

## Interlocking Inlay Technique

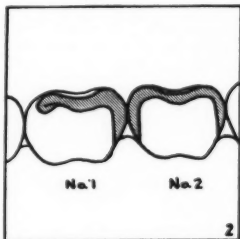
by Leon M. Gecker, D.D.S.

This technique is indicated in attachment or clasp cases if abutment teeth are healthy but weakened by bone resorption.

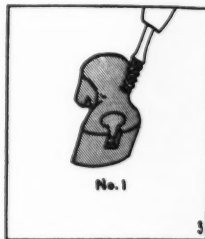
Drawings by Dorothy Sterling from sketches by the author



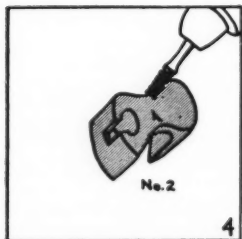
Construct inlays No. 1 and No. 2. Allow sufficient thickness of gold for interlock at points A and B.



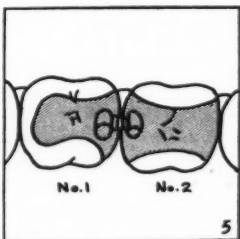
Fit inlays in mouth. Make any necessary adjustments.



Remove inlay No. 1. Use No. 701 bur and oil. Cut dovetail box as shown.



Repeat on proximal surface of inlay No. 2 as shown.



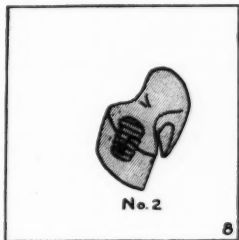
Place in mouth to check on final cutting.



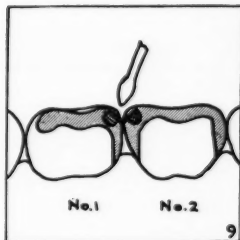
Drill retention pits in box of inlay No. 1, at points A and B.



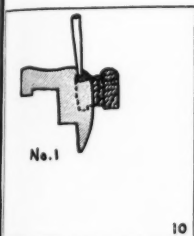
Fill box with sticky wax to contact fullness.



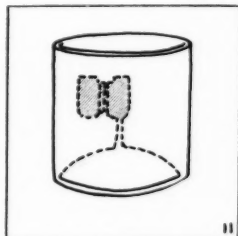
Oil box in inlay No. 2. Fill to contact fullness with inlay wax.



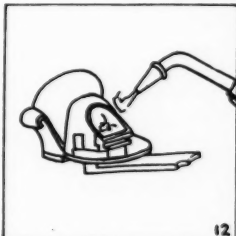
Place in mouth and lute waxes together. Chill.



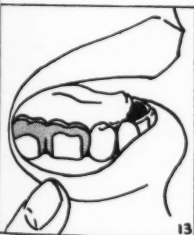
Remove inlay No. 1. Sprue in occlusal, using sticky wax.



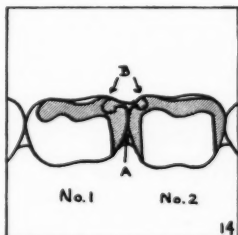
Invest.



Cast in hard gold.



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Trim interproximally at gingival for gum clearance at point A. Carve marginal ridges at points B. Cement in place.

## NOTICE

We have had a great deal of comment on the article, "Technique For Removing Impacted Cuspid From Palate," published in "Technique of the Month" in our March issue. We find that a very similar technique is presented in detail in the Manual of Exodontia, by M. Hillel Feldman, D.D.S., of New York City, to which readers are referred for more complete information. Doctor Feldman's book was published by Lea & Febiger, Philadelphia.

# Laffodontia

"Willie," said his mother, "I wish you would run across the street and see how old Mrs. Brown is this morning."

"Yes'm," replied Willie, and a few minutes later he returned and reported:

"Mrs. Brown says it's none of your business how old she is."

★

A young R.A.F. officer stationed somewhere in Egypt was flying near the Great Pyramid, carrying out exercises in navigation and discovering his geographical position with a sextant.

After a series of involved and confused calculations, he turned suddenly to his pilot and said, "Take off your hat."

"Why?" asked the pilot.

"Because according to my calculations we are now inside St. Paul's Cathedral."

★

Jenkins: "Do you believe in the transmigration of souls?"

Dawkins: "Yes. I'm convinced that my wife was formerly a wildcat."

★

Three men were repairing the telephone wires. A woman drove along the road in her car and when she saw the men climbing the poles, she said: "Look at those darn fools—you'd think I had never driven a car before."

★

Friend: "Baby six weeks old, eh—talk yet?"

Man: "Oh, no—not yet."

Friend: "Boy, eh?"

"You know, one time after we were married, I wanted to be real nice and coy with him. That afternoon I saw a beautiful mink coat downtown in the store and I kind-a wanted it. So I cooks him a grand dinner and after dinner I says to him: What will I get if I keep baking pies like this for you?"

"And what did he say?"

"You'll get my life-insurance."

★

Father: "Daughter, the neighbors report that they saw you and Clarence kissing in the parlor last night. Did they or did they not?"

Daughter: "They did not!"

Father: "Are you sure, daughter?"

Daughter: "Certainly! The shades were down and the lights were out!"

★

Wife (at phone): "How would you like to talk to my mother?"

Hubby: "Through a spirit medium."

★

Proud Father: "What shall we call it?"

Fond Mother: "Let's call it Quits."

★

A truck driver riding along a highway noticed quite a crowd around a new cottage. Stopping, he asked what was going on.

Somebody replied that they were giving a bride a shower.

Quickly climbing down from his cab he exclaimed, "Let me in there. I've got a bar of soap!"

## ***"I'll be seeing you, Doctor"***



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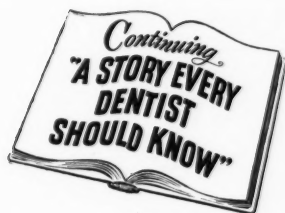
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# h is the right way

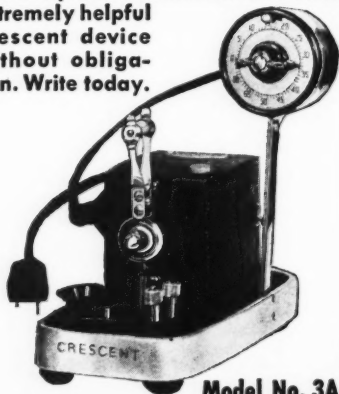
watchful eyes of Du Pont chemists, make certain that the proportions will conform exactly to the standard formula. And at every other step in the process, extra precautions are taken. It's "thumbs down" on rule-of-thumb methods at the "Lucitone" plant!

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*"Lucitone" denture resin is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.*



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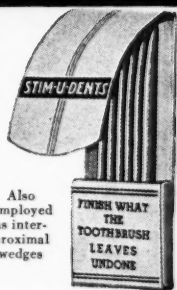
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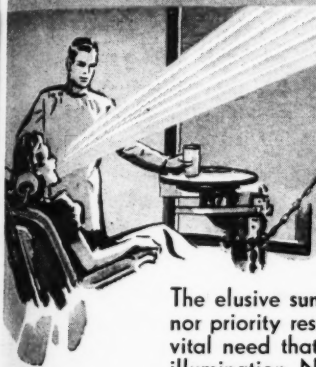
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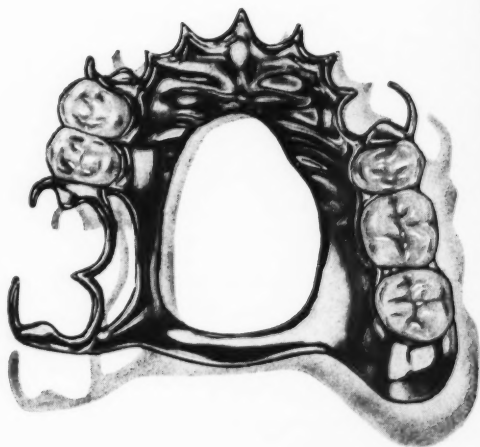


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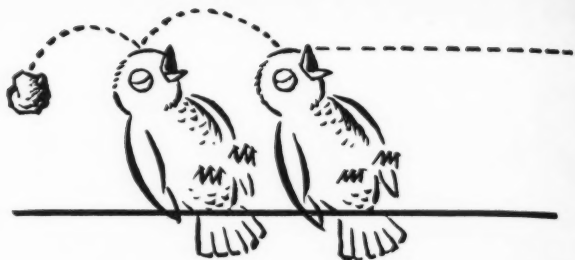
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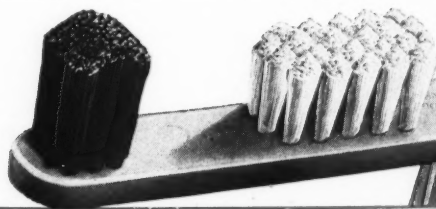
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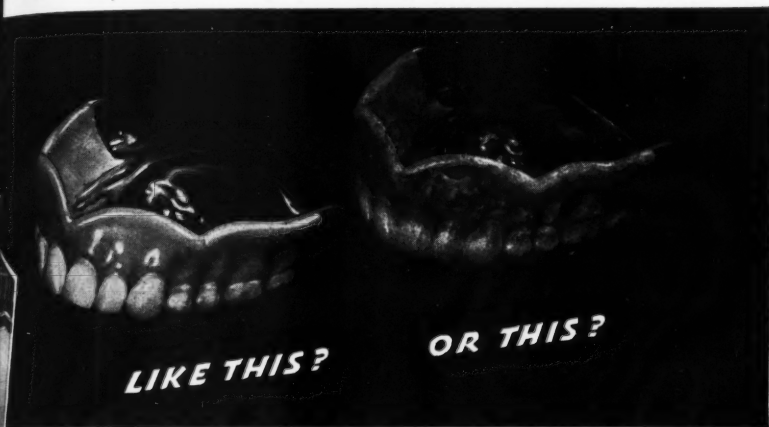
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## *"Are We Lucky* **TO GET THIS NEW PELTON!"**

CONDITIONS which still permit us to allot part of our production to Public Health may change at any time. When they do, say Goodbye to that new, beautiful Pelton Cabinet Sterilizer you need so badly—Goodbye, for the duration . . . But this warning

may reach you in time. Call your dealer today. Give him your order—if he will accept it . . . You owe it to yourself and your patients.

**THE PELTON & CRANE CO.**  
*Established 1900*  
**DETROIT, MICHIGAN**

Pelton Model 86-A, shown above, is completely automatic, including clock and time switch.

Recessed pedal lifts 16-inch tray from cast bronze boiler and returns noiselessly, closing cover. Famous Pelton Sentry Cut-Off shuts off all heat when water supply is not renewed.

Lighted cabinet has glass shelves. Richly finished, chrome trimmed. Height, 37½"; floor space, 20" x 18". Price, \$136; Western Zone, \$144.

*Pelton*  
**STERILIZERS**

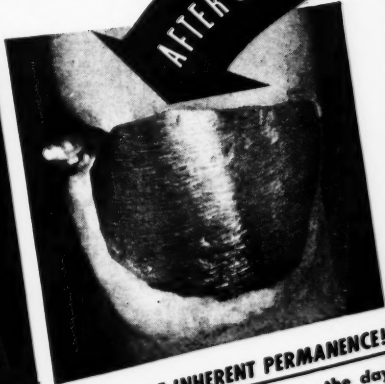
# Isn't the CHEAP filling COSTLIEST in the end!

## EVIDENCE OF INHERENT WEAKNESS!

... has broken down at the margin ... decay has set in again, causing further destruction of tooth structure. Filling is lamentably short-lived ... a premature and fatal failure!



**AFTER 9 YEARS!**



**AFTER 35 YEARS!**

## EVIDENCE OF INHERENT PERMANENCE!

Seal of cavity is as good as the day filling was made ... all surrounding tooth structure is as sound and healthy as ever. Filling is capable of still further service ... a gratifying, lasting success!

**COMPARE THESE FILLINGS!** Both are in the same tooth. Both had been made by the same hand. Both were subjected to the same environmental conditions. Yet the Amalgam is a failure after only 9 years though the Gold Foil is still good after 35 years. Thus the price of the Amalgam, however low at first, is actually very high in the end — especially when it entails, as here, the very life of the tooth itself!

*Dramatic Proof*



MORGAN, HASTINGS & CO.—ESTAB. 1820  
817-21 Filbert Street, Philadelphia, Pa.

- ★ **TO VICTORY!**
- ★ We have pledged a percentage
- ★ of our sales in May toward purchase of mobile Dental Units.

**THAT IT'S THE SEAL (the lifeline) THAT SAVES!**





*Would you throw time and money out the window?*

*That's what a balky handpiece does!*

## **STERO-OIL OILS**

*cleans, helps prevent disease transmission*

Save time, save dollars in needless handpiece repair. Let STERO-OIL whirl away handpiece troubles as it thoroughly oils and cleans. When used after each patient, STERO-OIL will help prevent transmission of contagious disease.

YOU CAN SEE the efficiency of Stero-Oil's oiling and cleansing action the moment you immerse a running handpiece in the operator's bottle.



*Order Today*

**STERILE  
PRODUCTS  
COMPANY**  
San Diego  
California

**STERO-OIL**  
*OILS - cleans - helps to  
prevent disease transmission*

**75c**  
AT YOUR  
DEALERS.



**DEVELOPED to fill  
an ancient need...**

D-P DENTURLYNE has done just that. It is an effective modern material, thoroughly tested before offered to the dental profession. It is a plastic and outmodes sticky pastes—a definite advantage for you and the patient.

D-P DENTURLYNE is a smooth, soft flowing plastic which molds itself to conform with the tissue as the patient wears the denture. It has an infinite number of advantages over the old materials; i.e. it sets hard; can be trimmed and polished; will not burn; can be worn for months; increases stability and suction as much as 100%. These are but few of the advantages of D-P DENTURLYNE.

Try it for yourself now. You'll be convinced of its outstanding merits. Sold through your dealer on an absolute money back guarantee.

**DENTAL PERFECTION CO.**

MANUFACTURERS OF



DENTAL SPECIALTIES

2323 W. Washington

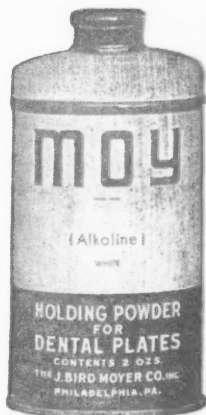
Los Angeles, Calif.

679

**1** MOY forms a soft, soothing  
cushion for tender gums . . .

**2** MOY holds dentures  
firmly in place . . .

Just two of many reasons why more dentists each day recommend MOY to their patients! This smooth, white powder is the easiest, most pleasant way we know to accustom a patient to new dentures. MOY's powerful lasting suction prevents whistling, hissing, clicking or shifting of plates. U.S.P. peppermint flavor helps stop gagging or nausea. MOY won't ooze out, turn dark, or leave a gummy residue. Its alkaline quality guards against acid mouth and unpleasant breath. Suggest MOY to your patients, Doctor. We'll gladly supply free professional samples.



J. BIRD MOYER CO., INC.  
1210 Vine Street, Philadelphia, Pa.

O.N. 5

Please send free professional samples of MOY, the new white alkaline holding powder to:

Dr. ....

Address .....

My Druggist is .....

## NO GOLD LOSS!

... That's the big reason for the tremendous popularity of the



**TORIT**

**NO. 7  
CASTING  
MACHINE**

Thousands of users also like them because they make casting so easy. Simply pull a trigger and the spring-operated cross bar starts **INSTANTLY**. It rotates **VERTICALLY**, so the molten metal in the crucible flows **IN A STRAIGHT LINE** into the mould—**ELIMINATING GOLD LOSS!**

Another feature that users like is the heavy base, which makes the machine **PORTABLE**—use it anywhere on your bench and set it away when not in use.

The No. 7 Machine is for inlays, small bridges and crowns. The larger No. 10 will make castings of any size.

Investigate them now—learn why thousands of users are making castings so perfect in every detail with these machines—why they have nothing but praise to offer for them.

Ask for Catalog No. 13, showing TORIT Vertical Centrifugal Casting Machines—AND FOR INFORMATION ABOUT HOW YOU CAN BUY TORIT CASTING EQUIPMENT AT MONEY-SAVING PRICES.

*Torit Manufacturing Co.*

279 WALNUT ST. ST. PAUL, MINN.

MODERN DENTISTS USE THIS  
MODERN CORRECTIVE FOR  
*Better Fitting Dentures*

**KELLY'S**  
*Impression*  
**PASTE**



**\$2.50**  
AT ANY  
DENTAL  
DEALER

LEE S. SMITH & SON MFG. CO.  
7325 Penn Ave. Pittsburgh, Penna.



## FRACTURE SPLINTS

Stainless, upper and lower, including **\$5.00**  
rubber bands and ligature wire

Bendick Stainless Fracture Splints are fixed by ligature wire to selected teeth. The upper and lower jaws are approximated and immobilized as deemed necessary by elastic bands and, after a few days, by wire ligatures. The traction of elastic bands is applied to bring the fragments into position.

Sold also in Gold Cased at \$8.00. See your dealer or send for descriptive folder.

**BENDICK COMPANY**

160 Elsie Bldg.

Lapeer, Mich.

# REVELATION

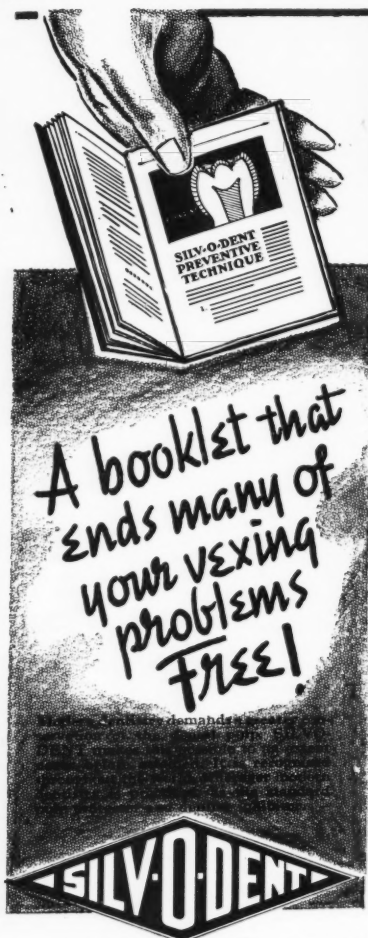
## TOOTH POWDER

Members of the profession have always been urged to put Revelation Tooth Powder to the test. During 35 years, dentists have come to know and recommend it as a safe and eminently satisfactory dentifrice. By personal trial and use, they have found it to be delightfully agreeable with pleasant after taste. The daily use of Revelation in millions of homes is due in large measure to this widespread appreciation by dentists. For this we are grateful and shall continue to earn the cooperation of members of the profession by maintaining the merits of Revelation, 100%.

*'An American Product*



**BUY U. S. DEFENSE  
BONDS AND STAMPS**



**A booklet that  
ends many of  
your vexing  
problems  
FREE!**

**SILV-O-DENT**

**SEND COUPON FOR FREE  
TECHNIQUE BOOK**

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You may send me a copy of your Free  
Booklet about Silvodont, Oxy-eugenol silver  
cement.

Dr. ....

Address .....

City ..... State .....

**IF YOUR TIME IS MONEY**  
*Here's how to save*



Urell Concentrated X-Ray Developer and Fixers eliminate unnecessary handling of materials...thus speeding your x-ray work.

They require only the addition of water for instant use and have no suspended solids to be dissolved.

Hours once spent mixing powders are reduced to a few minutes—you simply dilute and develop! Developing and fixing speeds—constant over long periods—assure satisfactory results, more accurate processing for less.

Urell Solutions are made under strict laboratory control to the highest standards of quality and uniformity. Available from your dealer.

URELL CONCENTRATED LIQUID DEVELOPER  
1 QUART CONCENTRATE \$ .95  
(makes one gallon)  
4 QUARTS CONCENTRATE 3.15  
(makes four gallons)

URELL CONCENTRATED LIQUID FIXER  
1 QUART CONCENTRATE \$ .75  
(makes one gallon)  
4 QUARTS CONCENTRATE 2.50  
(makes four gallons)



*Urell Inc.*

1414 N. VERMONT AVE., LOS ANGELES, CALIFORNIA

**NOT "just another  
mouth wash"!!**

When a doctor says that  
about ALKALOL it is  
because he hasn't given  
it a trial as a post oper-  
ative agent.

ALKALOL can be a valuable  
aid in your practice.

All we ask is an honest trial.

**THE ALKALOL COMPANY**  
TAUNTON, MASS.

*Write for free sample*  
**ALKALOL**  
ALKALINE · SALINE · CLEANSING



# *A Masterpiece!*



## *...and in 5 minutes!*

You can make perfect impressions for full or partial dentures, that duplicate the contours of teeth and tissue in every minute detail... with the utmost simplicity in technique.

From the mixing of Konformax Impression Material with Konformax Impression Accelerator in a rubber bowl, to the removal of the tray from the mouth... will take you just 5 minutes!

Impressions are easily removed without distortion... without breaking.

Konformax Impression Material requires no preliminary boiling nor chilling in the mouth.

The Impression need not be kept moist with water or chemical solution.

You can pour a model twenty minutes after taking an impression or any time within a month.

FOR FULL PARTICULARS, WRITE FOR DESCRIPTIVE FOLDER.

Order Through Your  
Dental Supply House



KONFORMAX LABORATORIES, INC.

BROOKLYN, N. Y., U. S. A.

## WHAT A DIFFERENCE

Proper arrangement of instruments—balance of tone—is vital in the playing of great music.



Balance

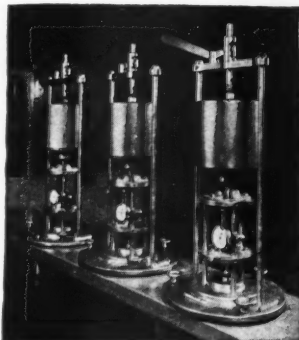
makes in  
music!

and what a difference

Balance

makes in Alloy

WHY does 20th Century Alloy give such uniformly good results in amalgam work? Because it's *balanced*! Every variable in its manufacture—purity of ingredients, gradation of particles, methods of melting, cutting and annealing—is rigidly controlled by a completely equipped testing laboratory. You can always have confidence in this modern, *balanced* alloy!



Scientific instrument for measuring the flow of each batch of 20th Century Alloy

# 20<sup>TH</sup> CENTURY ALLOY

FOR MODERN MATERIALS  
CALL ON

*Caulk*



e  
"RINSE, PLEASE"



A rinse with Vince leaves the mouth feeling so delightfully refreshed and clean that a good many dentists now use it regularly at the chair . . . after extractions, cleaning, scaling, drilling and other procedures where debris must be removed.

Vince is a many-sided oxygen anti-septic and detergent. As a therapeutic aid for office use, especially in the treatment of "trench mouth," it has found wide professional acceptance. As a mouthwash, gargle or dentifrice for home use under professional direction, Vince has qualified through years of service.

• VINCE is supplied in tins of 2, 5, and 16 ounces.

VINCE LABORATORIES, INC.  
117 West 18th Street • New York City

VINCE



# Back of the Emblem of Prosthetic Distinction

Is your assurance of work properly done,  
using only quality materials?

Only those labora-  
tories and techni-  
cians who have  
proven their abil-  
ity to earn this  
emblem of pros-  
thetic distinction.



Is your laboratory qualified?

**DURALLIUM PRODUCTS CORP.**

225 North Wabash Avenue  
CHICAGO, ILLINOIS

**EASTERN DURALLIUM SALES CORP.**

427 Flatbush Avenue Extension  
BROOKLYN, NEW YORK

UNITED DRUG COMPANY  
AND  
YOUR REXALL DRUGGIST  
YOUR PARTNERS IN HEALTH SERVICE

**Rexall  
DRUGS**



U. D. Products  
are available  
wherever you  
see this sign.

## THREE PRODUCTS approved by many dentists for safe and effective use

**Mi 31 SOLUTION** — the pleasant-tasting oral antiseptic that kills contacted germs faster, when used full strength, as directed, without harming the delicate tissues of the mouth. Indicated as a mouthwash following extraction, its cleansing and stimulating effects promote normal healing.

**Mi 31 TOOTHPASTE** — softens and dissolves adherent mucus so that it is quickly and easily removed by brushing. Has the pleasant, refreshing taste of Mi 31 Solution. Contains no harsh abrasives.

**BRITEN TOOTHPASTE** — also pleasantly "clean" tasting — develops an alkalizing foam which brightens the teeth by cleansing away lustre-robbing film and floods many hard-to-reach spots to float away food particles which tend to decay and foster bad breath.

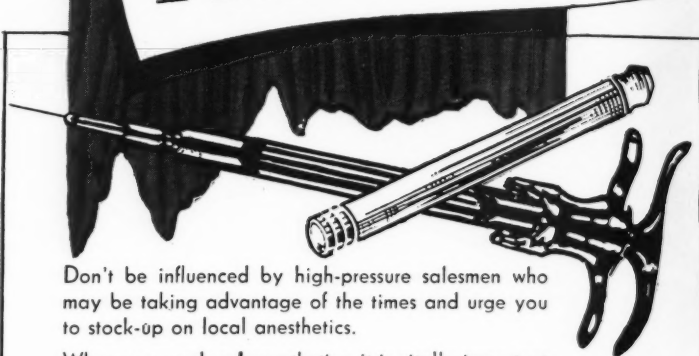
Developed by scientists of the Department of Research and Control in one of America's finest and most modern laboratories, these three outstanding products are sold by all Rexall Drug Stores. Liggett and Owl Stores are also Rexall Stores.

For the safety, satisfaction and economy of your patients recommend their purchase at their convenient neighborhood Rexall Drug Store.

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PHARMACEUTICAL CHEMISTS — MAKERS OF TESTED-QUALITY PRODUCTS FOR MORE THAN 39 YEARS

DON'T OVERSTOCK ON  
*any*  
 LOCAL ANESTHETIC!  
*Including*  
**PROCO-SOL**



Don't be influenced by high-pressure salesmen who may be taking advantage of the times and urge you to stock-up on local anesthetics.

When you use local anesthetics, it is vitally important that they are fresh, potent Procaine Solutions. The Proco-Sol Chemical Company is now prepared, as always, to serve your immediate needs for fresh, potent PROCO-SOL Solutions. Discriminating dentists who demand safe and dependable Procaine Solutions insist upon PROCO-SOL. There is no need to overstock with any local anesthetics.

In your next order from your local dealer specify "Proco-Sol" Procaine with Neo-Synephrin Hydrochloride; or with Epinephrin . . . Free samples gladly sent upon request.



**PROCO-SOL CHEMICAL COMPANY, INC.**  
 1233 SPRING GARDEN STREET, PHILADELPHIA, PA.  
*Manufacturers of Fine Local Anesthetics*

**MORE FACTS FROM UNIVERSAL'S LATEST STUDIES**

Used in determining the  
arrangement of tooth sizes for

**VERI-CHROME**  
TRADE MARKS REG. U. S. PAT. OFF.

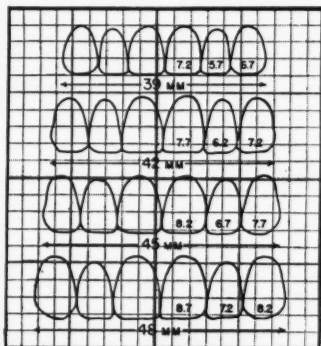
*Five Phase*



*Anteriors*

## *Study of Size Groups*

An extensive survey was made of tooth sizes in nature. Measurements were obtained from extracted teeth—skull collections in museums and thousands of individual specimens in the archives of anatomy and physical anthropology. The average relative widths of centrals, laterals and cuspids were then computed, and sets of six anteriors were reconstructed on each of the four modal sizes (discussed in last month's ad) which were found to cover 98% of all prosthetic requirements.



The over-all widths of these four modal sets—39, 42, 45 and 48 mm.—form the first axis of our co-ordinate size system.

The Co-ordinate Size System and interchangeability of laterals, exclusive features of Veri-Chrome Five Phase Anteriors, are extremely important because they simplify selection and eliminate duplication.

USE YOUR VERI-CHROME COLOR GUIDE

**UNIVERSAL DENTAL COMPANY**

*Manufacturers of the Most Complete Line of Porcelain Teeth*

Philadelphia, Pa. U. S. A.



## DUPONT X-RAY FILMS

*.....For Finer Radiographs*

**FINK-ROSELIEVE CO., INC.**  
MEDICAL-DENTAL DIVISION

*Manufacturers of the famous F.R. Concentrated Film Solutions*  
109 WEST 64 STREET, NEW YORK • CHICAGO • LOS ANGELES



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# Lovely to look at!

Yes, restorations of ACRALAIN do have a natural appearance that makes them "lovely to look at." In your office most reproductions can be made with a single ACRALAIN shade. Blending is seldom necessary. The success of ACRALAIN, the original plastic for CASTING Jacket Crowns, Veneer Facings, Bridge Pontics and Inlays, resulted in a flood of imitations — a tribute to its qualities. Its distinctive casting technic is still the only one that assures continuous controlled pressure during the curing period, and the one which assures the utmost in fit, density and durability.



ACRALAIN SAMPLER KIT - \$16.50.  
Enough material for hundreds of restorations

## ACRALITE

Build your practice on the firm foundation of patient satisfaction. Use — or specify — ACRALITE for your full and partial dentures where an acrylic is to be used. ACRALITE has a strength, natural tissue-tint, and long color life. It is preferred today by thousands of Dentists the world over.

ACRALITE CO., INC.  
257 WEST 38th STREET  
NEW YORK, N. Y.

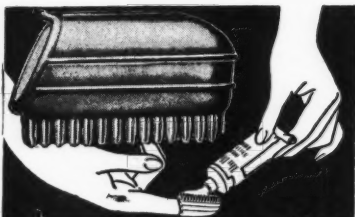
Please send me literature on ☐ ACRALAIN; ☐ ACRALITE

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ DEALER'S NAME \_\_\_\_\_

**MAIL THIS  
COUPON**  
*To-day!*





## GUM MASSAGER

The HY-KARE Gum Massager is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

For use with any dentifrice or special lubricant you prescribe. Order direct, or through your supply house.

8 for \$1.00 — Sample 15c — 44 for \$5.00

In the first few months of its introduction in the Chicago area, Hy-Kare Gum Massager received the endorsement of more than 2,000 dentists.

**HY-KARE LABORATORIES**

405 S. Dearborn St., Chicago

## MILLER'S ELECTRIC HANDPIECE

FOR CHAIR AND LABORATORY USE

Save your present handpiece for oral work.

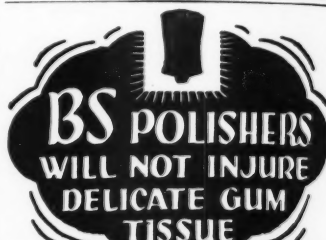
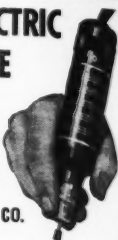
Ask your Dealer for Free Demonstration

CHICAGO WHEEL & MFG. CO.

Dept. OH

1101 W. Monroe St.  
CHICAGO ILLINOIS

Send for Catalog



**BS POLISHERS**  
WILL NOT INJURE  
DELICATE GUM  
TISSUE

**Young** DENTAL MFG. CO.  
ST. LOUIS, MO.  
ESTABLISHED OVER 40 YEARS AGO

## DR. LILLIAN BARKANN KNIVES



Dr. Lillian Barkann Knives were devised for a conservative surgical treatment of Pyorrhea Pockets and the complete removal of granulation tissue without excess cutting of bone structure which is frequently the cause of severe after pain. They are used in connection with Julian Smith Curettes, Barkann Modification.

**J. W. IVORY, Manufacturer**

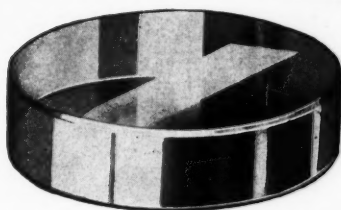
ALL DEALERS

PHILADELPHIA, PA.

U.S.A.

# LOOK—

## It's Round



Buffalo's No. 7 *Round* Glass Cement Slab is easy to handle because it fits so comfortably between your thumb and finger. It's easy to keep from chipping because it has no sharp corners—easy to clean because it is smooth, well polished plate glass. Four inches in diameter. Price, \$1.75 at your dealer's.



## The Only Genuine Carbolized Resin



Fletcher's Carbolized Resin as prepared by Buffalo Dental is the *original* formula—in wide use for over half a century. Effectively used as a pulp protector, as a substitute for creosote in infected root canals, for treating cavities in children's teeth prior to filling, as a coagulant for "weeping" canals, as a temporary stopping, and in pyorrhea cases for treating gums previous to scaling. In ordering be sure you specify Buffalo Dental Fletcher's Carbolized Resin.





## The Way The Wind Blows

There will always be new trends, and certain changes in the habits of people, but the fact remains that basic human instincts have changed little since the early days of civilization.

Regardless of an illwind, and many uncertainties in this uncertain world, children of today are very much the same as they were a hundred years ago. It is credible that they will be the same in the future. In the formative years childhood impressions have proven to exert a strong influence in later life. Consequently, the dentist who wins the confidence of a child patient today, is likely to have won the loyalty of an adult patient of tomorrow. As one step in forming this desirable relation, many dentists recommend *FLEERS DUBBLE BUBBLE*. This is welcome advice, for children really like this gum. They probably spend more of their own precious pennies for it than for any other penny confection.

Aside from this, *FLEERS DUBBLE BUBBLE* has unusual dental advantages for adults as well as children. These advantages are outlined in the folder, "*How FLEERS Chewing Gum Can Benefit Your Patients and Your Practice.*" We will be glad to supply you with the folder and a few samples to make any tests or comparisons you may wish. Frank H. Fleer Corporation, 1000 Diamond Street, Philadelphia, Pa.

**FLEERS**  
*Dubble Bubble*  
**Chewing Gum**



10 REASONS WHY  
*Beauty-Cast*  
 INLAY INVESTMENT  
 is superior to "super-expanding"  
 and "all-purpose" investments  
 for good, average results!

1. Adequate expansion.
2. Control powder unnecessary.
3. No complicated proportioning system.
4. Thermometer not necessary.
5. No thick mix required.
6. No double mix technic.
7. No dusting of painted pattern.
8. No asbestos liners in 75% of cases.
9. Burn-out temperature lower.
10. No pickling of castings.



Dr. G. S. HOLLENBACK  
 LOS ANGELES, CALIF., SELECTED  
 BEAUTY-CAST INVESTMENT FOR  
 HIS PRECISION INLAY  
 TECHNIC

GUARANTEED TO MEET A.D.A. SPECIFICATION NO. 2  
 FOR INLAY INVESTMENT

WHIP-MIX CORPORATION

OH542

411 West Avery Avenue, Louisville, Kentucky

☐ Enclosed is 25c (coin or stamps) for Sample Kit containing three 50-grain packets of Beauty-Cast Inlay Investment (enough for 3 castings) and a 15-cc. glass graduate for measuring correct water proportions.

☐ Send information relative to precision inlay technic as developed and clinically demonstrated by Dr. George S. Hollenback, Los Angeles, Calif.

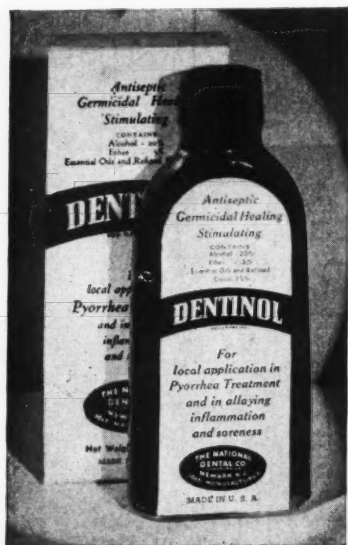
Name.....

Address.....

City.....State.....

Dealer.....Address.....

MAIL COUPON NOW FOR TRIAL ORDER OF BEAUTY-CAST INLAY INVESTMENT



## PYROZIDE TOOTH POWDER **DENTINOL**

PYROZIDE TOOTH POWDER is scientifically compounded. It is medicated with DENTINOL to give needed stimulation to the gums while the teeth are being brushed. The mechanical removal of debris which is secreted in and about the teeth is abetted by the bubbling action of PYROZIDE TOOTH POWDER which lifts the debris up and out of the crevices that are not reached by the tooth-brush. PYROZIDE TOOTH POWDER has been recommended for almost 40 years by the dental profession for patient's home cooperation.

Accept no substitutes for DENTINOL or PYROZIDE TOOTH POWDER.

**WEB DISTRIBUTING CO., 259 South St., Newark, N. J.**

**For YEARS and YEARS of PERFECT Service  
Depend on HANAU Equipment**

**SEND FOR FREE CATALOG**

**Hanau Engineering Co., Inc. • 1233 Main St., Buffalo, N. Y.**



**Vacuum  
Massage**

**It Helps TWO WAYS to Help Your Patients**

**1—INSPIRES CONFIDENCE**

**2—RESTORES TONE—**

**Prescribe**

**GUM MASSAGER  
THE DENTICATOR  
GUM MASSAGER**



**Interdental  
Stimulation**

Same Rubber Cups and Tips as used Professionally by thousands of Dentists for Cleansing-Medicating-Massaging. Used successfully by patients between office visits in Prevention and Treatment of stubborn cases of Gingivitis-Pyorrhea-Trench Mouth.

**Sold by Dental Supply Dealers  
and Drug Stores Everywhere**

**TO TRY—SEND FOR  
FREE SAMPLE**

**Made in U.S.A.**

**THE DENTICATOR Co.**

MANUFACTURERS • DISTRIBUTORS • EXPORTERS

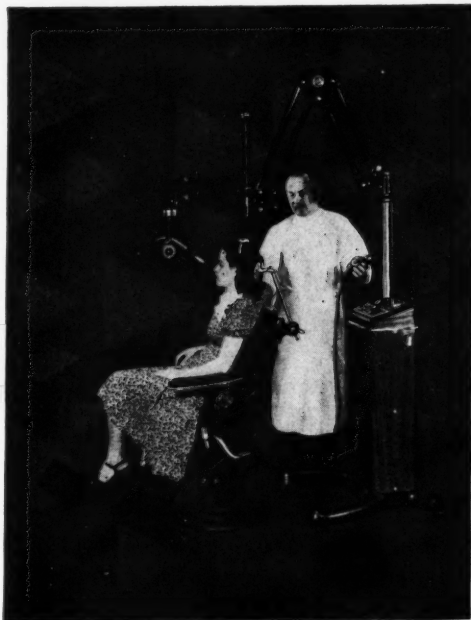
• PROPHYLACTIC DENTAL SPECIALTIES •



**1055 Mission Street**

**San Francisco, Calif.**

★  
Beyond  
doubt  
the Best  
Dental  
X-Ray  
we have  
ever  
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★



## A Great Cabinet Dental-X

MOBILE OR ON FIXED BASE AS DESIRED

★ With a modern, efficient, shock-proof x-ray at hand you can assure yourself of correct diagnosis. You protect your patients and yourself. You make visible to patients the actual conditions existing. You build patient satisfaction, solid good will and more business. For highest professional service to patients, a modern, efficient x-ray is a necessity.

Why not equip your office today with this great new FISCHER Cabinet Dental-X? Or "trade in" your old unit? An investment in this modern, efficient, shockproof x-ray will prove a wise one. This apparatus, say many users, through increased income (x-ray fees and new work uncovered) soon pays its cost in full. It is to your advantage to get the facts—TODAY.

For full information, without obligation, write or simply clip and mail convenient coupon. Large, 2-color, illustrated and descriptive folder sent promptly by return mail.



This FISCHER trade mark guarantees efficient performance and is your protection.

H. G. FISCHER & CO.  
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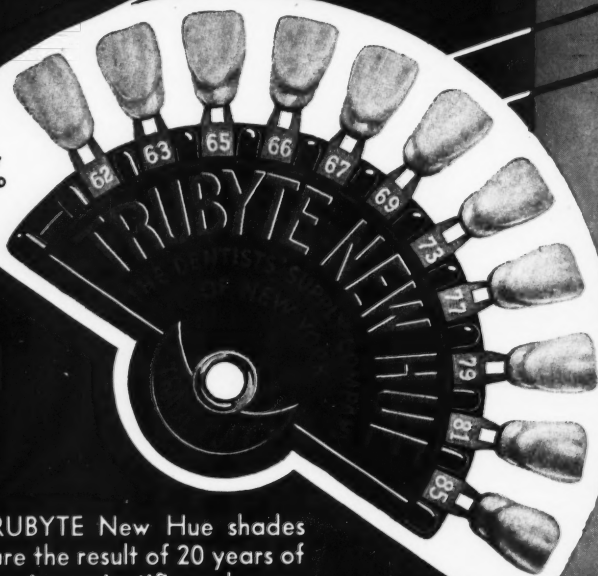
Please send your large, 2-color, illustrated and descriptive folder on your new FISCHER Cabinet Dental-X. No obligation.

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RUBYTE New Hue shades are the result of 20 years of intensive scientific color research.

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Bridges — Fixed or Removable; Carbon or Pin-Point Technic.

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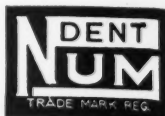
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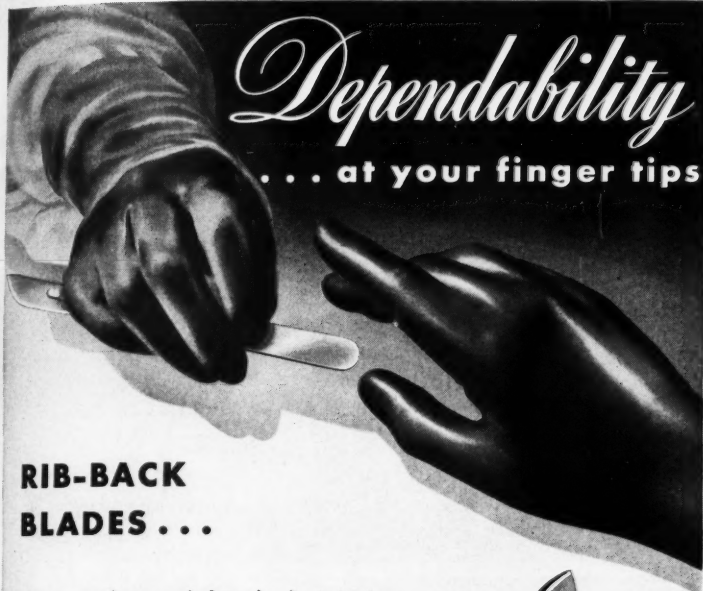
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- C. Canines are straight and normal in position.

**#2**



DR MYERSON'S *True-Blend*

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D

- A. Both centrals are straight and normal in position.
- B. Both laterals are slightly over-arched by centrals and canines.
- C. Canines are straight and normal in position.

Most of Dr. Myerson's contributions to Greater Naturalness in restorations are based on keen observation and understanding of Nature's effects. For example, he was the first to introduce transparent enamel in artificial teeth. Then he observed the importance of surface qualities, stains and irregularities and added these for still greater naturalness; then for the many cases requiring still further characterization, Dr. Myerson's Characterized anteriors were introduced.

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Dr. Myerson has now developed a system of basic irregularities that add to the aesthetic value of a denture and greatly facilitate true-to-nature set-ups.

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Typal

Setups

#3

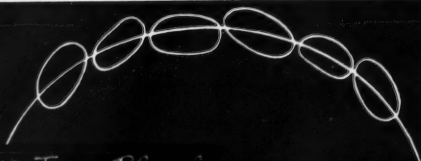


DR. MYERSON'S True-Blend

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#4



DR. MYERSON'S True-Blend

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Its practical application is made possible by the unique Myerson System of carding and mounting and shipping teeth from the factory. This method permits immediate try-in and perfect visualization orally or extra-orally.

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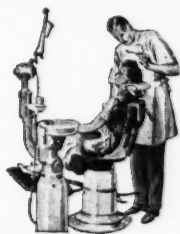


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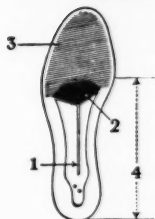
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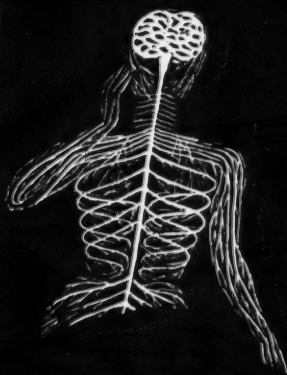
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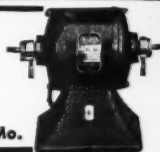
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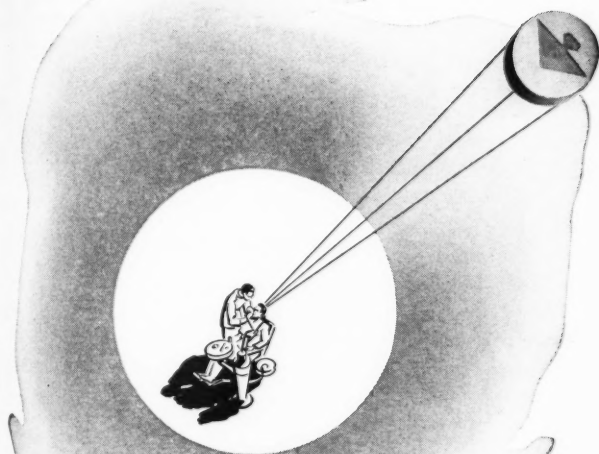
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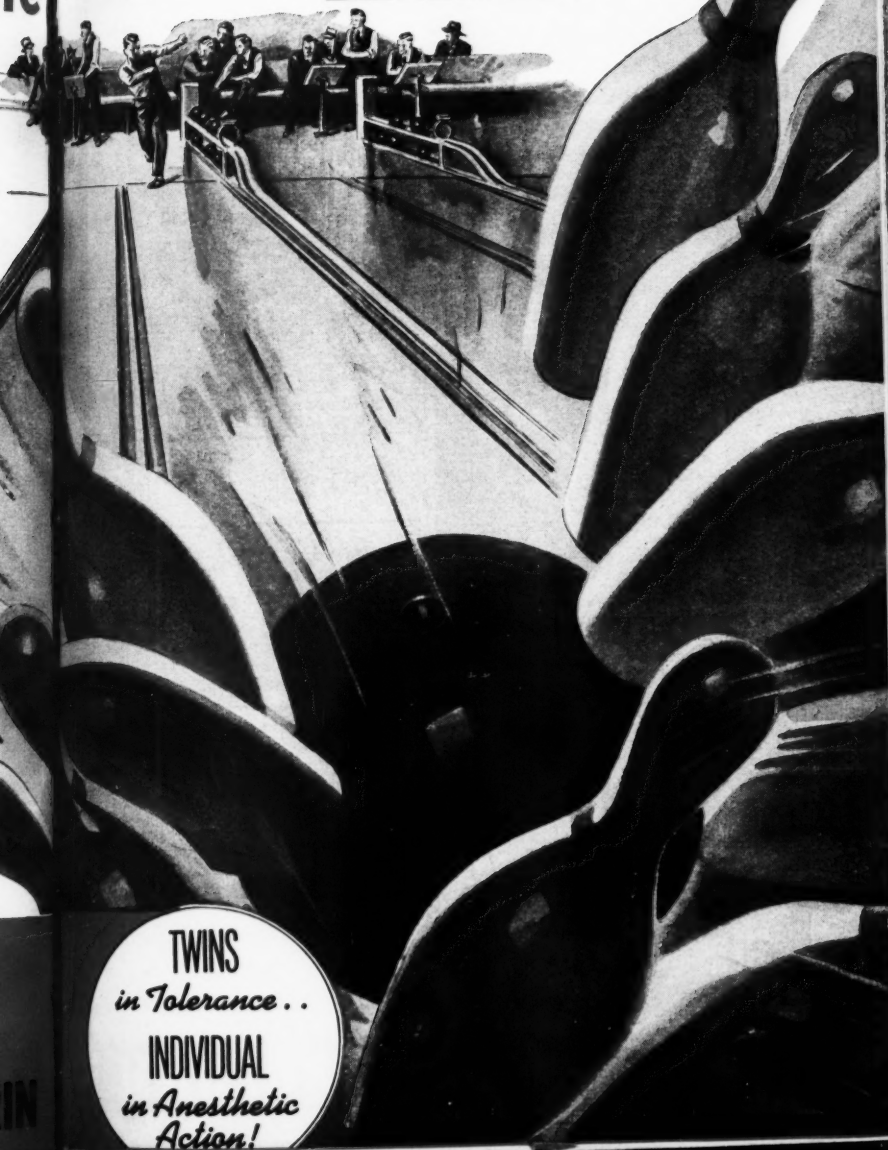


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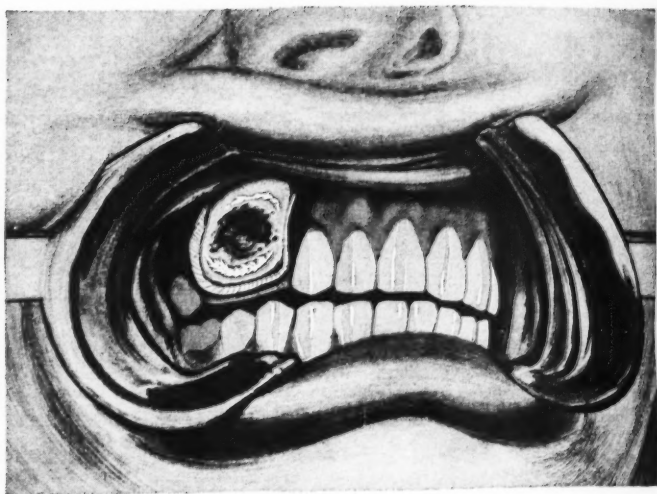
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P65



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...acts as an analgesic, decongestive and antiseptic — three characteristics that maintain its outstanding value in the treatment of herpes, gingivitis, periodontitis, non-specific stomatitis and ulcerations. Its local action on the oral mucous membrane promptly helps to relieve the pain, soothes the indurated area and tends to counteract the spread of the lesion.

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## On Cervical Exposure and Causes of Tooth Abrasion

*shows urgent need for non-abrasive liquid dentifrice*

### Here Are the Facts About the Safety of Modern Dentifrices Recently Reported In a Leading Dental Journal!

**CERVICAL** exposure and abrasion have been noted by dentists in so many patients that we believe you will be interested in the results of important research on this subject. For it clearly indicates one important *cause* of common injury to softer, calcified tooth structures. And—shows how your patients can *avoid* it. These are the facts reported.

1. 8 out of 10 adults examined have enough exposure of softer, calcified tooth structure to permit abrasion.
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These results, published for the information of the profession, establish an important reason for recommending Teel to all patients with cervical exposure. Please use coupon to obtain complimentary packages of Teel for distribution to patients.

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*as binder for pumice in prophylaxis at chair*

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\*See Dec. 1941 issue, JOUR. DENT. RES., p. 565-95.



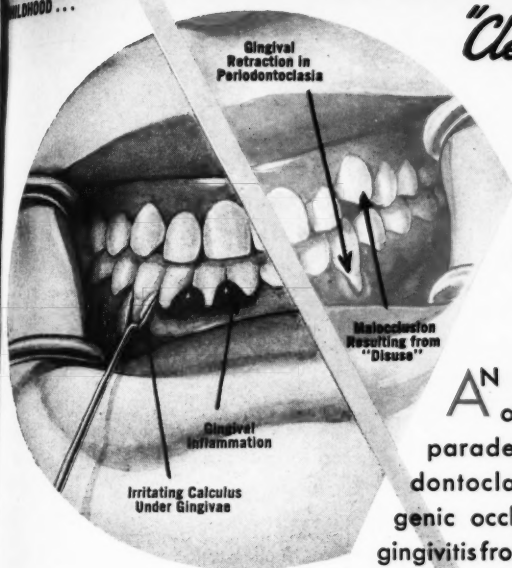
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CHILDHOOD ...



## "Clearing the decks" for life-long action

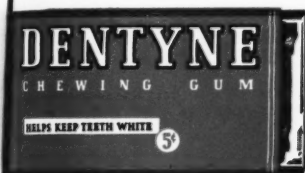
**A**N alarming percentage of children suffer from paradental defects—periodontoclasia from traumatogenic occlusion . . . generalized gingivitis from soft foods . . . alveolar resorption or abscess . . . Vincent's angina.

Whatever therapy is employed, authorities insist "we must put into practice the masticatory function in its natural integrity and activity."

Such exertion reinvigorates sluggish gingival and periodontal

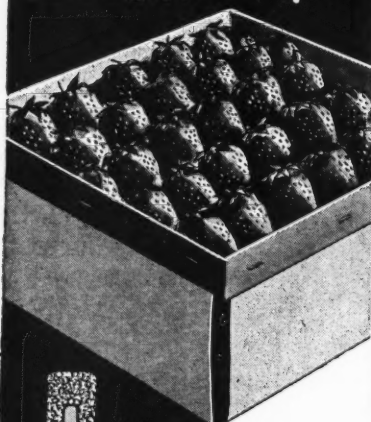
circulation, counteracts irritant elements, and consolidates and reinforces the newly established form and vigor.

Dentyne Gum can help materially to enlist the full physiologic resources of the dental apparatus in its response to treatment, through its firm resilience and frictional influence. Children like its spicy flavor.



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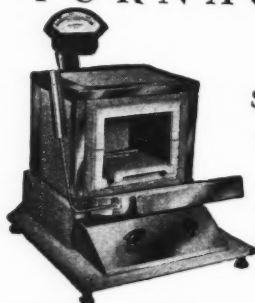


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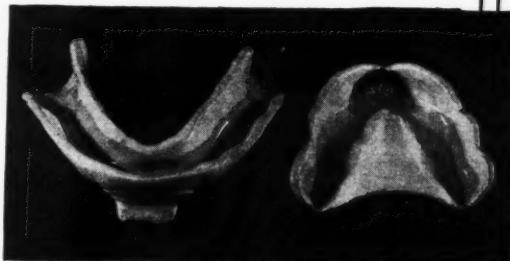
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## TRĀBASE will interest all VULCANITE and METAL tray users

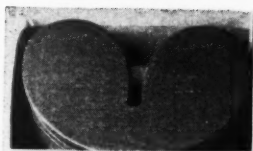
This new non-warping thermoplastic composition makes it possible to construct your own individual trays that will not distort when used with LOW HEAT COMPOUND. A revolutionary product in that it can be easily adapted within ten minutes at a cost of less than fifteen cents to give you a tray with all the PROPERTIES of VULCANITE.

A double thickness blank that is strong and rigid and having the following properties:

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- 4—Excellent strength—easily adapted—inexpensive.



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AND  
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*easier MORE accurate MIXING*



## THE KILE MIXING SLAB

Eliminate fume and gassiness from cement and silicate mixing with the scientific Kile Slab. Its smooth, polished black surface is always below room temperature—but never reaches dew point. This

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**You catch  
QUALITY  
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# **BIG LEAGUE PERFORMANCE** **GARHART** *Flexible* **SYNTHAY PORCELAIN**

Everyone knows the vast difference that is evident between minor and major league baseball teams. "Big league performance" is synonymous with top-notch delivery . . . be it baseball, a service, or a product. When you order Garhart Synthay Porcelain you catch quality, uniformity, and economy in **ONE PRODUCT**. The rest of the "line-up" are: a more natural appearance, translucency that duplicates natural tooth structure, high powder absorption, without devitalizing ingredients, eight improved standard shades. Try Garhart Synthay Porcelain, it really does belong in your team of dental supplies.

**SYNTHAY PORCELAIN COSTS  $\frac{1}{3}$  LESS THAN  
OTHER GOOD PORCELAIN**

**THE PERFECTLY BALANCED PRODUCT**

*Special Introductory  
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Garhart Synthay Porcelain is extremely plastic. Difficult to mix too stiff. If mixed not quite stiff enough sets promptly in the mouth nevertheless.

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SYNTHAY PORCELAIN TODAY**



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Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$3.

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Dental laboratory for dental mechanic or dentist. Fine city; will clear \$2500 or over yearly. Fully equipped. Will lease. "DM" Kniest, 1537 S. 29th St., Omaha, Nebraska.

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Practices furnished and sold, locations, partnerships; all states. F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

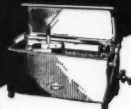
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giving Hospital Sterilization Safety in your own office. Wilmot Castle Co., 1101 University Ave., Rochester, N.Y.

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twenty-five years with good results. Order HOLT Minute Plate Repair Now—be ready for next emergency.

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Fix it while the Patient waits with  
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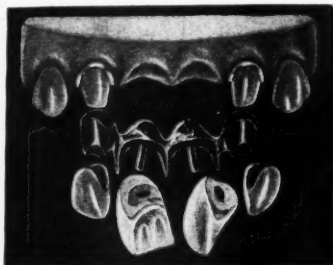
**QUICK METHOD WITHOUT INCONVENIENCE TO PATIENT.** You can replace permanently, one or more teeth that have broken off plates, while patient waits, without denture going through heating process. No danger of plate being distorted as is frequently the case when revulcanized or repressed. Is equally effective on rubber, acrylic or condensite. Enough for about fifty repairs. \$2.50, with directions. Used for

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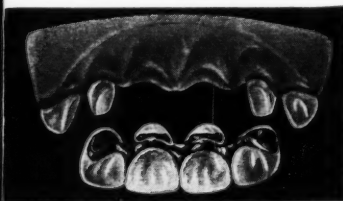
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Gold frame work and porcelain units, for new THIMBLE BRIDGE.

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All porcelain lingual surface of NEW THIMBLE BRIDGE



All porcelain labial view of NEW THIMBLE BRIDGE.

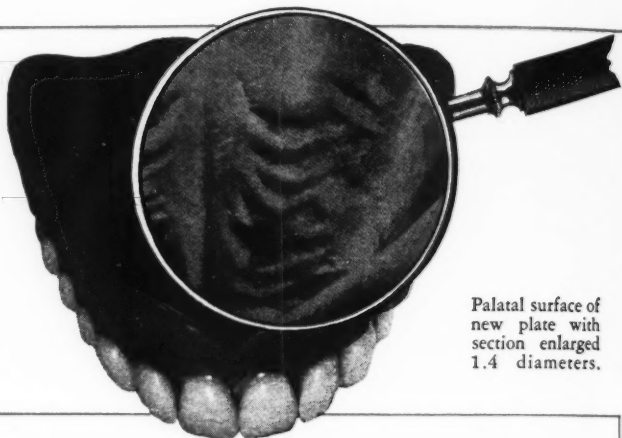


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DENTURES \* CAST REMOVABLES \*

ORCELAIN AND PLASTIC JACKETS \* BRIDGE WORK \*

# ABRASION TESTS SHOW CAN DESTROY



Palatal surface of  
new plate with  
section enlarged  
1.4 diameters.

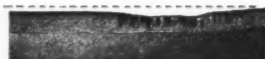
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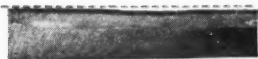
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POPULAR TOOTH POWDER



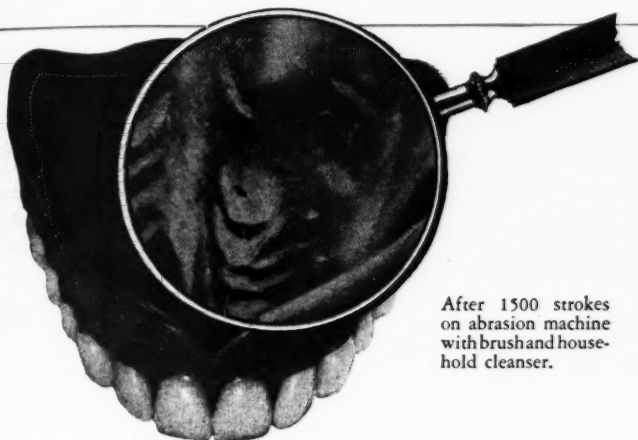
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BRUSH ALONE

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# HOW BRUSHING FIT OF DENTURES



After 1500 strokes on abrasion machine with brush and household cleanser.

## Household Cleansers, Most Dentifrices, Even Brushing With Soap and Water Destroys Surfaces Vital to Perfect Suction

This series of abrasion tests—made on vulcanite and acrylic denture materials—materials *softer* than dentine—clearly proves the destructive effects of cleaning full dentures by brushing methods.

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The **SAFE** brushless cleanser



Approved and recommended by leading makers of Acrylic Resin.

# WHO'S WHO AND WHERE

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*... without loss of protection*

Conservation and thrift, so important today, have always been intrinsic advantages of Kolynos\* Dental Cream. Kolynos is concentrated. It is best used only  $\frac{1}{2}$ " on a dry brush. By proper use it lasts twice as long. Kolynos has a dual cleansing action:

- 1st—The cleansing, refreshing foam helps remove mucous plaques and food debris.
- 2nd—The action of carefully precipitated chalk polishes efficiently without harmful abrasion of the enamel.

Kolynos has a pleasant taste acceptable to the most discriminating type of patient.

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DENTAL CREAM

Recommend Kolynos when your patients ask you about a good dentifrice.



\*Reg. U. S. Pat. Off.

THE KOLYNOS COMPANY • NEW HAVEN, CONN.

KORMIX Complies with A.D.A. Specification No. 1  
Proven for Quality, Color and Stability

**KORMIX**  
AN ACRYLIC  
**ACRYLIC**



**Specify KORMIX to Your Laboratory**

PRODUCT OF THE **E. J. McCORMICK RUBBER CO.**  
RIDGEFIELD PARK NEW JERSEY

**BACKED BY MORE THAN HALF A CENTURY OF EXPERIENCE  
IN THE MANUFACTURE OF QUALITY DENTURE MATERIALS**





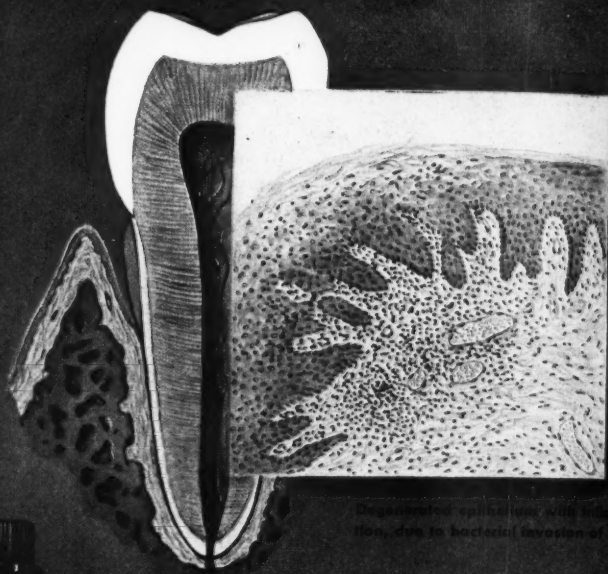
## *Certainly* **THEY'RE SERVICEABLE!**

THE wide flanged edge of a specially designed backing fits the accurately ground lingual shoulder of the facing precisely — providing a rigid bearing across the entire width of the tooth. This new principle in bridge tooth construction gives Steele's porcelain-incisal facings inherent strength. With the bite balanced, and proper cementation of the facings to Steele's backings specially designed for them, you need have no doubt of the serviceability of Steele's New Hue porcelain-incisal facings. Try one case and it will prove this to your complete satisfaction.

*Steele's* INTERCHANGEABLE ANTERIOR  
NEW HUE FACINGS



THE COLUMBUS DENTAL MFG. CO., COLUMBUS, OHIO



Edematous epithelium with inflammation, due to bacterial invasion of tissue.

**+ massage**

## FIGHTS BACTERIAL INVASION OF SUBGINGIVAL MARGINS

By helping to clear up and prevent certain cases of edematous gingival margins, IPANA massage acts to minimize bacterial breeding pockets. Fresh circulation is stimulated in sturdier gums for promotion of normal local nutrition and metabolism. Well hornified, thickened gingival tissues hold teeth tighter.

IPANA is an invaluable aid in cleansing and brightening teeth *without abrasion.*



**IPANA** *tooth paste*

**BRISTOL-MYERS COMPANY**

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New York, N. Y.